

***United States Court of Appeals
for the Second Circuit***



APPENDIX

77-4049

United States Court of Appeals

FOR THE SECOND CIRCUIT

GENERAL DYNAMICS CORPORATION, ELECTRIC BOAT DIVISION,

Petitioner,

—against—

BENEFITS REVIEW BOARD; DIRECTOR, OFFICE OF WORKERS' COMPENSATION PROGRAM; UNITED STATES DEPARTMENT OF LABOR; SAMMIE L. GRAY; AND INSURANCE COMPANY OF NORTH AMERICA,

Respondents.

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P/S

APPENDIX

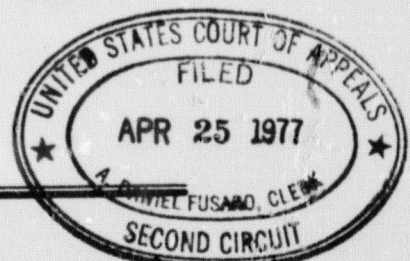
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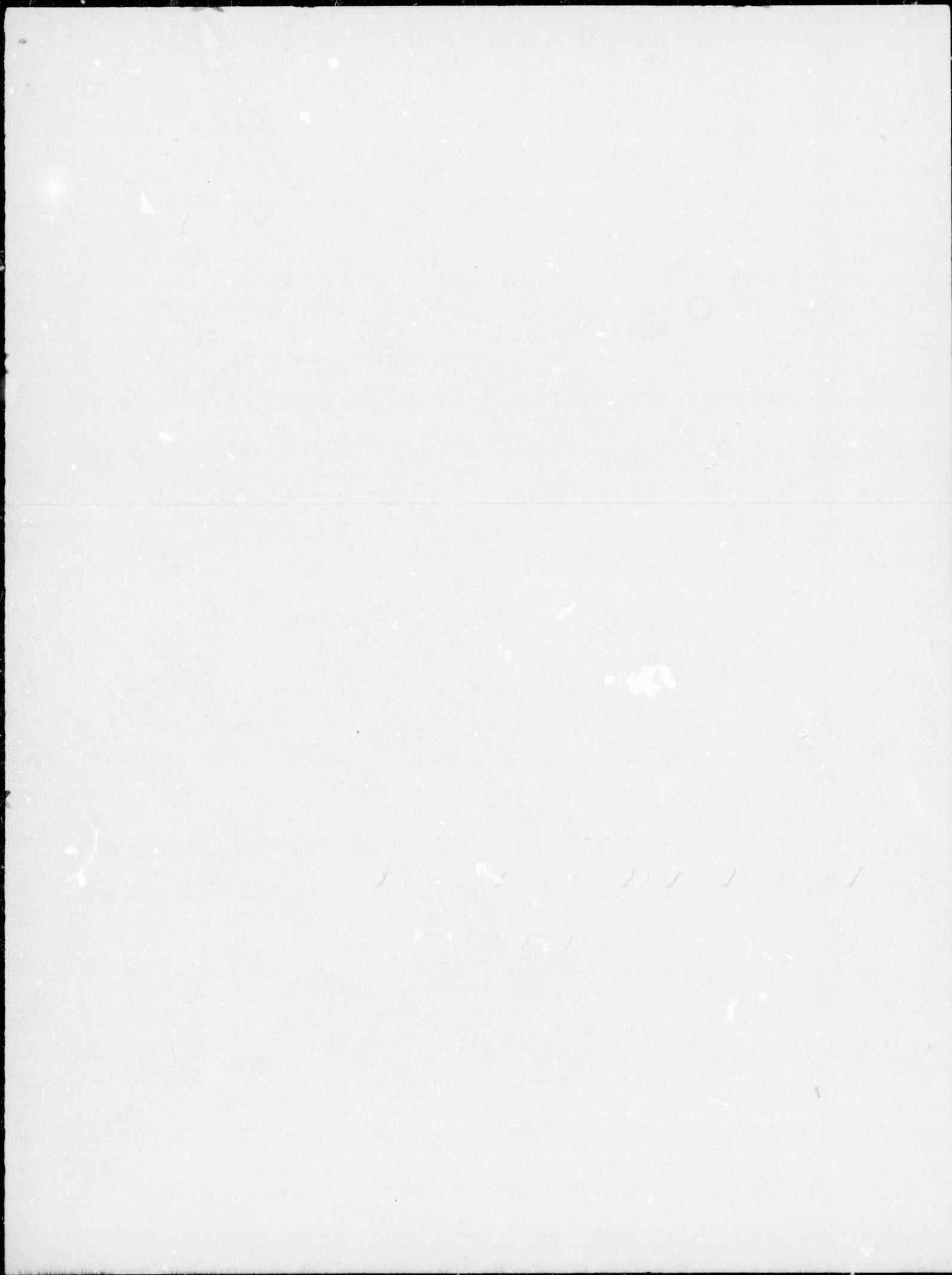
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NOTE:

* The administrative record contains no docket entries.



UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT

Aa

GENERAL DYNAMICS CORPORATION, ELECTRIC :
BOAT DIVISION, :

Petitioner, :

against :

BENEFITS REVIEW BOARD OF UNITED STATES :
DEPARTMENT OF LABOR, :
DIRECTOR, OFFICE OF WORKERS' COMPENSATION :
PROGRAMS, :
INSURANCE COMPANY OF NORTH AMERICA and :
SAMMIE L. GRAY, :

PETITION FOR
REVIEW

77-4049

Respondents. :

General Dynamics Corporation, Electric Boat Division,
hereby petitions this court, pursuant to Section 21 (c) of the
Longshoremen's & Harbor Workers' Compensation Act, 33 U.S.C. 901,
et seq., to review the final order of the Benefits Review Board,
Department of Labor, issued and filed December 21, 1976, BRB
No. 76-105 and 105A which affirmed in part and modified in part
the decision and order of the Administrative Law Judge, dated
December 18, 1975, Case No. 75- LHCA- 571 and 572, OWCP No.
1-19352 and 1-13455, and awarded compensation to the employee-
respondent Sammie L. Gray.

Dated: New York, N.Y.
February 18, 1977

KIRLIN CAMPBELL & KEATING

By: *Samuel J. Donaherty*

A Member of the Firm

Attorneys for the Petitioner
120 Broadway
New York, N.Y. 10005

Murphy & Beane
Of Counsel for Petitioner
160 State Street
Boston, Mass. 02109

B&

- 2 -

The following are to be served with a copy of this Petition, pursuant to Rule 15 (c) of the Federal Rules of Appellate Procedure:

1. Benefits Review Board of the United States Department of Labor, Office of Workers' Compensation Programs, Operations Division, New Labor Building, Room S-3524, Washington, D. C. 20210.

2. William J. Kilberg, Esq., Solicitor of Labor, United States Department of Labor, Attorney for Director, Office of Workers' Compensation Programs, New Labor Building, Room S-2002, Washington, D. C. 20210.

3. Douglas B. Johnson, Esq., Attorney for Insurance Company of North America, 109 Church Street, New Haven, Connecticut.

4. O'Brien, Shafner, Garvey, Bartinik & Stuart, Attorneys for Respondent, Sammie L. Gray, Bridge Street at Route One, Post Office Drawer 929, Groton, Connecticut 06340.

U.S. DEPARTMENT OF LABOR
BENEFITS REVIEW BOARD
WASHINGTON, D.C. 20210



1 a

SAMMIE L. GRAY

Claimant-Petitioner
Cross-Respondent

v.

GENERAL DYNAMICS CORPORATION,
ELECTRIC BOAT DIVISION

Self-Insured Employer-
Respondent
Cross-Petitioner

INSURANCE COMPANY OF NORTH
AMERICA

Carrier-Cross-Respondent

DIRECTOR, OFFICE OF WORKERS'
COMPENSATION PROGRAMS, UNITED
STATES DEPARTMENT OF LABOR

Party-in-Interest

FILED AS PART
OF THE RECORD

DEC 21 1976

(date)

Susan B. Rambo

(Clerk)

Benefits Review Board

BRB Nos. 76-105
and 76-105A

DECISION

Appeals from the Decision and Order of Peter McC. Giesey,
Administrative Law Judge, United States Department of Labor.

Matthew Shafner (O'Brien, Shafner, Garvey, Bartinik & Stuart),
Groton, Connecticut, for the claimant.

Norman Beane (Murphy & Beane), Boston, Massachusetts, for
the employer.

Frank Daley, New Haven, Connecticut, for the carrier.

Ronald E. Meisburg (William J. Kilberg, Solicitor of Labor,
Laurie M. Streeter, Associate Solicitor), Washington, D.C.,
for the Director, Office of Workers' Compensation Programs.

Before: Washington, Chairperson, Hartman and Miller,
Members.

Washington, Chairperson:

2 a These are appeals by the claimant and the employer from a Decision and Order (75-LHCA-571 & 572) of Administrative Law Judge Peter McC. Giesey pursuant to the provisions of the Longshoremen's and Harbor Workers' Compensation Act, as amended, 33 U.S.C. §901 et seq. (hereafter referred to as the Act).

Claimant worked for employer from 1962 to 1967 and from 1970 to 1973 as a pipe lagger installing asbestos insulation. Claimant's medical history during his employment relative to the instant claim is as follows: In June 1972, claimant experienced dizzy spells and was out of work for seven days. A routine chest x-ray given by employer in September 1972 revealed the existence of pleural scarring. Claimant was also out of work for approximately five weeks beginning in mid-March 1973 as a result of generalized pulmonary, nose and throat difficulties. In September 1973, claimant sought treatment at an outpatient clinic because he felt rundown and was having breathing difficulties. A chest x-ray at that time suggested a finding of "pneumonitis". Claimant was hospitalized several times in the fall of 1973. His condition was diagnosed as pleural disease associated with asbestosis. In January 1974, his physician informed him that he could not return to work as a pipe lagger. Claimant has not worked since September 27, 1973.

The administrative law judge found that claimant is temporarily totally disabled by asbestosis arising out of his employment. He awarded compensation based upon an average weekly wage of \$202.70 from September 27, 1973, and continuing. The

administrative law judge also held that General Dynamics Corporation was responsible for all payments as a self-insured employer during claimant's last exposure to injurious stimuli. Insurance Company of North America had insured General Dynamics until April 1, 1973, at which time General Dynamics became self-insured.

Claimant appeals contending that the administrative law judge erred in finding claimant temporarily totally disabled rather than permanently totally disabled, and that he incorrectly determined claimant's average weekly wage. Employer appeals contending that the administrative law judge erred in including overtime in his calculation of average weekly wage and in holding General Dynamics rather than the Insurance Company of North America responsible for payments to the claimant.

The Board agrees with claimant's contention that the administrative law judge should have found claimant to be permanently totally disabled.

A permanent disability is one which is continual, appears to be lasting and indefinite, and is without a normal healing period. However, the label permanent total does not foreclose the possibility of a change in condition. Watson v. Gulf Stevedore Corp., 400 F.2d 649 (5th Cir. 1963). Claimant is suffering from asbestosis. At present, his lung condition is rated as moderately severe to severe. It is anticipated that the exposure to asbestos will cause additional problems at a later date. The chances for any marked improvement in his condition appear remote. His

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condition must be considered permanent in nature. A partial medical disability permanent in nature when considered together with the claimant's age, education, work experience, and the availability of suitable employment can support a finding of permanent total disability. Salzano v. American Stevedores, Inc., 2 BRBS 178, BRB No. 74-223 (Aug. 20, 1975), aff'd, 538 F.2d 933 (2d Cir. 1976). Claimant testified he has sought other employment but none was available for a person with his skills and physical limitations. Claimant has a fifth grade education and a poor ability to read and write. His prior job experience had been that of a manual laborer. Claimant is physically disabled from doing anything but sedentary work.

In addition, the administrative law judge gave no reason why he found claimant temporarily totally disabled rather than permanently totally disabled. The finding of temporary total disability implies that the administrative law judge believes that claimant has not yet attained maximum medical recovery. However, the record does not indicate that claimant's condition will change for the better at any time. Considering the evidence together with the applicable law, claimant should have been found permanently totally disabled.

Claimant also alleges that the administrative law judge erred in his conclusion that claimant was a five day, not a six day worker, and in his calculation of the average daily wage. Employer argues that the administrative law judge erred in including overtime in his calculation of the average weekly wage.

The administrative law judge did not state whether he was calculating claimant's average weekly wage under Section 10(a), 10(b), or 10(c). 33 U.S.C. §910(a), (b), (c). It would appear to the Board that the administrative law judge was applying Section 10(c) of the Act. In that the administrative law judge used a wage rate instituted two months prior to claimant leaving work in 1973 and an overtime figure from 1972, he could not have been applying Section 10(a) which mandates a figure based on claimant's earnings with employer for the year immediately preceding the injury. The administrative law judge could not have been applying Section 10(b) as no payroll records for fellow employees were submitted.

Section 10(c) directs the administrative law judge to determine a claimant's annual earning capacity. Under Section 10(c), an average daily wage does not have to be calculated. In determining claimant's earning capacity, the administrative law judge properly considered claimant's wage rate at time of his injury. He also analyzed his work history and concluded he was traditionally a five day worker. This finding is supported by the record. The administrative law judge also included a factor of 3.27 hours overtime per week in his calculation. Consideration of overtime in this determination where it is a regular and normal part of employment is proper. Larson, Workmen's Compensation §60.12, notes that in computing an employee's annual earnings, all that constitutes economic gain to the employee must be considered. Further, it was stated during the Congressional hearings on the 1972

6a

Amendments, without contradiction, that the average weekly wage in the shipbuilding industry would include overtime. Hearings of the Subcommittee on Labor, Longshoremen's and Harbor Workers' Compensation Act Amendments of 1972, 92nd Cong., 2d Sess. at 182.

The administrative law judge's figure of 3.27 hours overtime per week is based on a period from January to December 1972, not from September 27, 1972 to September 27, 1973 when employee ceased working. The use of this overtime figure is proper as the administrative law judge concluded that claimant in the year immediately preceding the injury lost overtime because of his illness, and thus chose an overtime figure he felt was representative of claimant's true earning capacity. However, the administrative law judge in his calculation of the average weekly wage used an daily overtime figure of .62 hours per day. As the administrative law judge was using the 3.27 overtime hours per week from 1972 as his representative figure for overtime, a figure of .654 hours per day should have been used. This would result in an average weekly wage of \$203.85. The administrative law judge's determination as to average weekly wage is modified accordingly to reflect this higher figure.

The Board finds that the administrative law judge properly held that General Dynamics Corporation rather than the Insurance Company of North America is responsible for the payment of benefits under the Act.

The administrative law judge relied on the law as set forth in Travelers Ins. Co. v. Cardillo, 225 F.2d 137 (2d Cir. 1955).

In that case, the court stated:

7 a

The treatment of carrier liability [is] intended to be handled in the same manner as employer liability, and that the carrier who last insured the "liable" employer during claimant's tenure of employment, prior to the date claimant became aware of the fact that he was suffering from an occupational disease arising naturally out of his employment, should be held responsible for the discharge of the duties and obligations of the "liable" employer. (emphasis added).

The record is clear that claimant became aware he was suffering from a condition related to his employment, at the earliest, in October 1973 at which time General Dynamics was self-insured.

Employer urges that carrier liability should be determined according to the date the accumulated effects of the deleterious substance manifested themselves. The record indicates that asbestosis symptoms manifested themselves prior to the time the Insurance Company of North America went off the risk. However, the rule as urged by employer is based on language found in Urie v. Thompson, 337 U.S. 163 (1947). In Urie, this language referred to the date of injury for the purpose of the statute of limitations. The court in Travelers Ins. Co. v. Cardillo, supra, cited Urie in this context only, and then went on to base carrier liability on the date claimant became aware that his symptoms were related to his employment. The administrative law judge properly applied this test to the facts of this case.

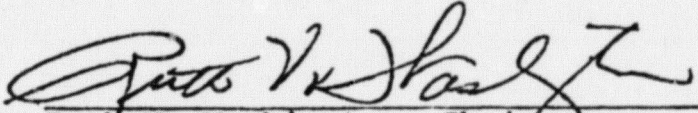
The claimant's attorney has requested approval of a fee for services successfully rendered in this appeal. Having submitted

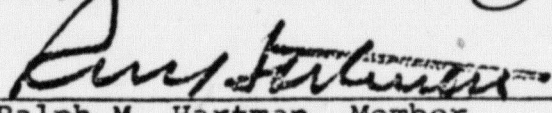
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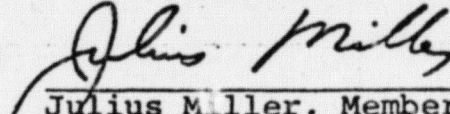
to the Board a statement of the extent and character of the necessary legal services rendered, in accordance with the applicable Rules and Regulations, 20 C.F.R. §§702.132, 802.203, the claimant's attorney is awarded a fee of \$2500 to be paid by the employer in a lump sum directly to claimant's attorney. 33 U.S.C. §928.

Accordingly, the Board affirms that part of the administrative law judge's Decision and Order holding General Dynamics responsible for all compensation payments. However, the Board modifies that part of the Decision and Order finding claimant temporarily totally disabled and hereby enters an order granting compensation for permanent total disability. The administrative law judge's finding as to the average weekly wage is also modified to reflect an average weekly wage of \$203.85.

We Concur:


Ruth V. Washington, Chairperson


Ralph M. Hartman, Member


Julius Miller, Member

Dated this 21st day
of December, 1976

SERVICE SHEET

9a

BRB No. 76-105: SAMMIE L. GRAY v. GENERAL DYNAMICS CORPORATION
ELECTRIC BOAT DIVISION AND INSURANCE COMPANY
OF NORTH AMERICA (Case No. 75-LHCA-571 & 572)

A copy of this Decision was sent to the following parties:

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Douglas B. Johnson, Esq.
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New Haven, Connecticut 06510

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Frank W. Daley, Esq.
205 Church Street
New Haven, Connecticut 06510

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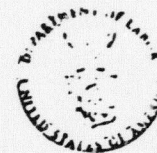
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Mr. Herbert A. Doyle
Director, Office of Workers'
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U.S. Department of Labor
New Labor Building, Suite S-3524
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U.S. DEPARTMENT OF LABOR
OFFICE OF ADMINISTRATIVE LAW JUDGES
WASHINGTON, D.C. 20210



.....
In the Matter of

SAMMIE L. GRAY
Claimant

v.

GENERAL DYNAMICS CORPORATION
Self-Insured Employer
.....

Case No. 75-LHCA-571 & 572

OWCP Nos. 1-13455 & 1-19352

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Bartnik & Stuart
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Groton, Connecticut

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Murphy & Beane
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Boston, Massachusetts

For the Self-Insured Employer

Douglas B. Johnson, Esq. &
Frank Daley, Esq.
109 Church Street
New Haven, Connecticut

For the Insurance Company of
North America

Before: PETER McC. GIESEY
Administrative Law Judge

- 2 -

DECISION AND ORDER

A hearing in this matter was held on September 11, 1975 in New London, Connecticut. Having considered the entire record, including the testimony and briefs, and having observed the demeanor of the witnesses, I make the following findings of fact, conclusions of law and decision and order based thereon.

Statement of the Case

The following facts are undisputed unless otherwise noted.

Sammie L. Gray was employed by Electric Boat Division of General Dynamics, employers within the meaning of section 2(4) of the Longshoremen's and Harbor Workers' Compensation Act, as amended, 33 U.S.C. 901 et seq. (hereafter, "the Act") from 1962 until 1969 and from 1970 until 1973 as a pipe lagger installing asbestos insulation in submersible vessels. When he last worked, he was paid an hourly rate of \$4.54 and states that he accepted all overtime offered, the latter averaging about eight hours each week.

Beginning in June, 1972, Mr. Gray began to experience difficulties in breathing and lost seven days of work. In September of that year a report of a routine examination given at the employer's behest noted an "abnormal" chest x-ray. According to the report, examining physicians did not regard the abnormality (pleural scarring) as significant.

In March, 1973, Mr. Gray experienced a disabling illness consisting of generalized pulmonary, nose and throat difficulties. He could not work for six weeks.

In September, 1973 his pulmonary complaints required emergency hospitalization and in October, a biopsy was performed and a diagnosis of asbestosis and associated complications and symptomatology was made known to claimant. All treating and examining physicians since that time agree that Mr. Gray is suffering from asbestosis.

Claimant's occupational history demonstrates that his only prolonged exposure to asbestos fibers, the ingestion of which into the lungs leads to asbestosis, was his employment with General Dynamics.

Following recovery from the surgery mentioned above, Mr. Gray's treating physician placed him under limitations which precluded resumption of his former occupation. He has not worked since that time, although he has sought work both with his former employer and other employers in the geographic area of his home. His choice of job opportunities is currently restricted by his exertional dyspnea and three pillow orthopnea.

In a letter dated April 1, 1974, Mr. Gray's then counsel informed General Dynamics of his intention to file a claim for compensation based upon the contraction of an occupational disease "as a result of his contact with . . . asbestos". The letter was acknowledged on April 16, 1974. Later, in May, 1974, a formal claim under the terms of the Act was filed and controverted by the employer in June, 1974.

The employer paid no compensation until shortly after the hearing in this matter. At the hearing, counsel for General Dynamics agreed to commence payment "subject to reimbursement . . .". The quoted qualification was added because it is General Dynamic's position that Gray's condition arose before April 1, 1973, when Insurance Company of North America ceased its relationship as insurance carrier for Electric Boat Division of General Dynamics.

Findings of Fact and Conclusions of Law

Disability

A preponderance of the evidence on this record demonstrates that Mr. Gray is now suffering from a diffuse inorganic dust pneumoconiosis (asbestosis) and associated conditions resulting from prolonged exposure to asbestos fibers while employed by General Dynamics, Electric Boat Division.

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It is my opinion that the evidence also demonstrates that, but for the limitations, or state of the art, of diagnostic medicine, Mr. Gray's condition might have been diagnosed as asbestosis long before the biopsy in October, 1973 and he would, as a matter of course, been advised of his disability to continue his employment as a logger. Whether his condition at that time would have fulfilled the definition of "disability" within the meaning of Section 2(10) of the Act is a matter for speculation in which I decline to indulge.

However that may be, the evidence clearly demonstrates that he was disabled at the time he ceased employment in September, 1973. I so find.

That he was unaware of the nature of his condition at that time is important to the timeliness of his claim under section 13(a) of the Act, but that circumstance is not definitive of the date upon which the condition became disabling within the meaning of the Act.

The employer urges that this record provides substantial evidence upon which to base a determination that Gray was suffering from asbestosis as early as September, 1972, and, that being the case, the carrier at that time (Insurance Company of North America) should bear the expense of compensation and related charges.

I am inclined to agree with the expert witness, a physician specializing in pulmonary diseases and thoracic surgery, that in all probability, Gray did have asbestosis at some time before the condition was diagnosed and made known to him. It is a medical commonplace that the development of asbestosis is slow and irreversible. Nevertheless, there is not substantial evidence on this record to support a finding of disease and disability before Gray ceased employment and sought treatment for acute conditions associated with his asbestosis which are shown both by his testimony and the opinions of expert witnesses to be disabling. The record demonstrates by a preponderance of credible evidence that the employer of Gray during the last employment in which he was exposed to injurious stimuli, prior to the date upon which Gray became aware of the fact that he was suffering from an occupational disease arising out of his employment, was General Dynamics. Accordingly, General Dynamics is liable for the award. Travelers Insurance Co. v. Cardillo, 225 F.2d

137, 145 (2nd Cir. 1955), cert. denied 350 U.S. 913 (1955); cf., United Painters & Decorators v. Britton, 301 F.2d. 560, 562 (D.C. Cir. 1962) and cases cited n. 6.

Having determined the responsible employer, I decline counsel's invitation to determine the precise time of the "injury" - a matter limned only by the speculation of an expert witness basing his opinion upon the known gradual development of asbestosis and that "it is virtually unheard of for this to manifest itself until eight or ten years after the first exposure." I note, however, that Gray's condition, according to the same expert witness, manifested itself less than five years after Gray's first exposure. In any case, the question of a former carrier's liability to the employer bearing primary responsibility in a case such as this lies between these parties and the appropriate forum for the determination of their respective obligations is a court and not an administrative agency.

Average Weekly Wage

It is undisputed that Mr. Gray's hourly wage, when he ceased work was \$4.54. He testified that he accepted all overtime offered (at time and one half) and that this averaged 8 hours each week.

At the hearing, counsel agreed to submit Mr. Gray's payroll records as a joint exhibit. They were submitted and are accepted into evidence as joint exhibit "C". These records cover the period from the last calendar week of 1971 to the next to last week of September 1973. It is apparent that Mr. Gray's memory was inaccurate as to overtime hours worked. The records show an extremely random pattern of overtime which averages 3.27 hours per week during those weeks worked in 1972 and 1.1 hours per week during 1973. Plainly, Mr. Gray was not a 6 day per week employee as urged by his counsel.

However, Mr. Gray testified to facts indicating that 1973 was not a representative year. He was not well, and I do not think that his earnings during that year are representative of his regular earning capacity.

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The employer "suggests that the correct average weekly wage . . . is obtained by multiplying \$4.54 times 8 times 260 which produces a figure of \$9,443.20 which is in turn divided by 52 . . .".

I agree, that with the addition of an amount representing average overtime of .62 hours per day, the result should closely approach a representative, or average, weekly wage. Such a calculation results in an average weekly wage of \$202.70. I find that figure to be the average weekly wage of Mr. Gray for purposes of compensation under the Act.

Penalties and Interest

As the statement of the case demonstrates, neither Mr. Gray nor his treating physicians knew that he was suffering from an occupational disease until pathology findings were made following the biopsy in October, 1973. In a letter dated April 1, 1974, Gray's employer was informed of his (compensable) condition. Notwithstanding notice, the employer chose to wait until a formal claim was filed in May, 1974, to file its contravention in June. I find that the employer did not timely contravene in conformance with the provisions of section 14(d) of the Act and that, allowing three days for mail service, a 10% penalty is properly assessed for all unpaid compensation due and payable under the order, *infra*, after April 17, 1974 under the terms of section 10(e) of the Act.

Counsel for the employer agreed at the hearing that interest at the rate of 6 per centum per annum would properly be assessed against the employer if it were found that compensation is due. I agree.

Attorney's Fees

Mr. Gray has been represented by two attorneys during the proceedings at the hearing stage. Both have submitted fee schedules. Employer's counsel has objected to the amounts in both cases. There can be no question that section 28 of the Act requires such awards.

I have reviewed the fee schedules submitted by both attorneys, the objections thereto and the replies to such objections.

It is apparent that substitution of counsel has resulted in considerable duplication of effort, though not of services. Accordingly, considered in light of this fact and of the criteria set forth in section 702.132 of the Regulations (38 Fed. Reg. 2653) and of the pertinent provisions of section 28 of the Act, I have determined that respondent should be required to pay to Matthew Shafner, Esq., the sum of \$2,443.75 as a reasonable attorney's fee, which sum includes reimbursement for \$98.75 in out-of-pocket costs. In light of the considerations mentioned above, I have determined that respondent shall pay to Joshua M. Fiero, Esq., for his services to Mr. Gray the sum of \$1,946.58 as a reasonable attorney's fee, which sum includes a reimbursement for \$196.58 in out-of-pocket costs.

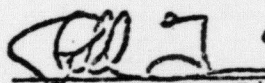
ORDER

1. General Dynamics Corporation shall pay Sammie L. Gray compensation for temporary total disability based upon an average weekly wage of \$202.70, commencing on September 27, 1973, and continuing until otherwise ordered, less sums already paid.
2. General Dynamics Corporation shall pay a penalty of ten per centum on all compensation due and presently unpaid commencing with payments due after April 17, 1973.
3. Interest shall be due on accrued amounts, plus penalty, insofar as they exceed amounts previously paid, at the rate of six per centum per annum, computed from the date each payment was due.
4. General Dynamics Corporation shall pay to Sammie L. Gray, or his designee, medical expenses incurred in connection with his occupational disease and provide such further medical services and supplies as Mr. Gray's condition may require during the period of his disability.

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5. General Dynamics Corporation shall pay directly to Matthew Shafner, Esq., the sum of \$2,443.75 for professional services rendered Mr. Gray and out-of-pocket sums expended.

6. General Dynamics Corporation shall pay directly to Joshua M. Fiero, Esq., the sum of \$1,946.58 for professional services rendered Mr. Gray and out-of-pocket sums expended.



Peter McC. Giesey
Administrative Law Judge.

Dated: December 18, 1975
Washington, D.C.

CERTIFICATE OF FILING AND SERVICE

I certify that on December 30, 1971 the foregoing Compensation Order was filed in the Office of the Deputy Commissioner, Boston District Office and a copy thereof was mailed on said date by certified mail to the parties and their representatives at the last known address of each as follows:

Samuel H. Gray

Chairman

12 Jefferson Avenue, New London, CT 06320

Charles J. Tasso, Jr.
1201 6th Ave., New York, N.Y. 10019

Charles J. Tasso, Jr.
1201 6th Ave., New York, N.Y. 10019

Insurance Company of North America, 120 Broadway, New York, N.Y. 10038
Insurance Carrier of Employer (if self-insured)

Arthur J. Smith, Esq.
Orlino, Shattuck, Harvey,
Barvin & Stuart
100 State Street Extension
Croton, CT

Norman H. Smith, Esq.
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100 State Street, Boston, MA 02109

Joseph B. Johnson, Esq. & Associates
100 State Street, New Haven, CT

General Dynamics Corporation

Severn Point Road, Groton, CT 06340

Robert P. Coleman, Esq.
1201 6th Ave., New York, N.Y. 10019

A copy was also mailed by regular mail to the following:

Judge Peter McC. Gleason, Office of Administrative Law
Judges, U. S. Department of Labor, Washington, D.C. 20210

Associate Solicitor of Labor for Employee Benefits,
U. S. Department of Labor, Suite N-2710, NOOL,
Washington, D.C. 20210

Director, Office of Workers' Compensation Programs, (2100A),
U. S. Department of Labor, Washington, D.C. 20212

Case No. 75-1000-771 & 772
Order No. 1-13477 & 1-19,991
Carrier No. 131-162-2154A

Deputy Commissioner

Office of Workers' Compensation Programs
U. S. Department of Labor
1201 6th Ave., New York, N.Y. 10019
Office of Workers' Compensation Programs
1201 6th Ave., New York, N.Y. 10019

SAMMIE L. GRAY)

Claimant,)

-against-)

GENERAL DYNAMICS CORPORATION)
ELECTRIC BOAT DIVISION,)

Employer.)

Case #75-LHCA-571 & 572
1-3455 & 1-19352

DEPOSITION of EDWARD A. GAENSLE, M.D.,
taken at the offices of O'Brien, Shafner,
Garvey, Bartinik & Stuart, Bridge Street
At Route One, Groton, Connecticut, on
Wednesday, October 8, 1975 at 12:30 P.M.,
and completed on the same day; taken before
Libby M. Kaye, Notary Public, in and for
the State of Connecticut; taken on behalf
of the Employer, pursuant to Section 924
of Title 33 U.S.C.A., in accordance with
Notice of Deposition dated September 23,
1975, duly served.

APPEARANCES:

MATTHEW SHAFNER, ESQ.
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Attorneys for the Claimant

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APPEARANCES: (Continued)

FRANK W. DALEY, ESQ.
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DOUGLAS D. JOHNSON, ESQ.
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1 ... THE WITNESS, E d w a r d A. G a e n s l e r,
2 M.D., upon being duly sworn by the Notary, testified
3 as follows:

4 DIRECT EXAMINATION

5 BY MR. BEANE:

6 Q Doctor, would you state your name and address for
7 the record?

8 A Edward A. Gaensler - G-a-e-n-s-l-e-r - 80 East
9 Concord Street, Boston, 02218.

10 Q Are you a licensed physician in the Commonwealth
11 of Massachusetts?

12 A Yes.

13 Q And do you specialize in any particular branch
14 of medicine?

15 A Chest disease and chest surgery.

16 Q And would you tell us something about your back-
17 ground and qualifications, please?

18 A Graduated from Harvard Medical School in 1945 and
19 have sen years of internship and residency in general thoracic
20 surgery, and then three years of training in lung physiology,
21 and as associate in surgery at Harvard until 1960. Since
22 1960 I have been professor of thoracic surgery at Boston
23 University School of Medicine and director of the thoracic
24 services there, and lecturer at Tufts and Harvard Medical Schools.

25 Q Doctor, did you have occasion at my request to

22a examine one Sammie Gray?

2 A Yes, I did.

3 Q And when did you examine him, sir?

4 A On June 18, 1975.

5 Q And as a result of that examination, did you make
6 a diagnosis, sir?

7 A Yes.

8 Q And what was the diagnosis?

9 A The diagnosis was a bilateral pleural effusion
10 as a result of asbestos exposure, probably minimal asbestosis
11 of the lung and a left hema-fibrothorax as a result of an
12 exploratory operation.

13 Q Doctor, did you have an opinion as to whether or
14 not at the time you saw Mr. Gray he was disabled?

15 A I thought he was partially disabled.

16 Q Partially disabled. All right, sir.

17 Now, Doctor, I would like to show you the report
18 of a chest survey, a chest x-ray done at General Dynamics of
19 Mr. Gray, September 19, 1972.

20 MR. SHAPNER: Is that in evidence, Mr. Beane?

21 MR. BEANE: Yes, it is.

22 We will make it for identification purposes.

23 Q That indicates, I believe, Doctor, some scarring
24 of the lung?

25 A No; scarring in the pleura.

1 Q I'm sorry. Scarring in the pleura. In view of
2 this man's history and exposure to asbestos and your exam-
3 ination, is that indicative of some disease at the time the
4 x-ray was taken?

5 Q Well, that depends on your interpretation of the
6 word "disease." There are many asbestos workers who have
7 some little pleura thickening, that is evidence of exposure
8 but it is of no consequence to their health. So if you
9 rephrase it to say it is an abnormality, yes, it is an abnor-
10 mality but not necessarily significant disease.

11 Q Now, Doctor, I think you indicated a moment ago
12 that the degree of asbestosis that Mr. Gray has is somewhat
13 minimal; is that correct?

14 A Yes, that is at this stage very difficult to
15 establish because asbestosis is usually of the lung, that is,
16 fibrosis of the lung due to asbestos is usually recognized
17 by a reduced capacity to breathe and by fine shadows in the
18 x-ray and perhaps by finger clubbing and this man now has,
19 particularly on the left, a marked pleural fibrosis, so it is
20 difficult to say whether his incapacity to breathe is somewhat
21 related to fibrosis of the lung or to fibrosis of the pleura.,
22 Similarly, fibrosis of the pleura affects seeing the lung
23 in detail.

24 There was a lung biopsy taken at that time of
25 pleura biopsy at surgery -- it's a very small piece of lung --

1 that was examined by the pathologist at the hospital here.
2 I have looked at it and Dr. Carrington, who is professor
3 of lung pathology at Stanford, has looked at it, and there
4 was some evidence of fibrosis in the lung at the very periphery,
5 but it is a small specimen, difficult to say how much extends
6 into the lung, its fibrosis is minimal.

7 Q His difficulty is primarily due to pleural effusion?

8 A Yes, and resultant fibrosis.

9 Q Pleural effusion is related to what?

10 A He came to the hospital initially with some chest
11 pain and there was evidence of a very small pleural effusion
12 on both sides, and this was of interest to the doctors at
13 the hospital, and they attempted to insert a needle and remove
14 some of the fluid for examination. And, as I understand it,
15 the man was quite jittery and refractory to further procedures
16 without anesthesia and as I reconstruct it, it was then
17 decided to give him anesthesia and to explore his chest
18 surgically to see what this effusion would do to him, and
19 the result was the biopsy that we have of the pleura and
20 of the lung, and I would presume that as a result of this
21 operation there was a complication of bleeding and it is that
22 bleeding that has resulted in this massive obliteration of
23 the lung.

24 Q Doctor, do you have an opinion as to what caused
25 the pleuraleffusion which caused the doctors to perform the
surgery?

1 A Yes, I think that a bilateral effusion -- both sides--
2 at the same time is certainly rare, and there were no other
3 causes for this effusion, such as heart disease or cancer or
4 whatever detectable other than his asbestos exposure, and
5 pleural effusion in people who have been exposed to asbestos
6 was first recognized as a complication six, eight years ago
7 and has been seen more and more since, and it is my feeling
8 in view of the asbestos bodies in the lung, in view of the
9 typical plaques found at survey, and in view of the history
10 of exposure, I would feel 99.9 per cent certain that this
11 is bilateral effusion resulting from asbestos exposure.

12 Q Doctor, I showed you a short time ago a report
13 of an x-ray taken in September of 1972, and I am going to show
14 you a medical report having to do with complaints that Mr. Gray
15 had in August of 1972 when the diagnosis from the out-patient
16 clinic at Lawrence & Memorial Hospitals indicates that he
17 was having difficulty breathing and complaining of pain on
18 his left side and the diagnosis made was probable pleuritis.

19 MR. SHAFNER: Mr. Beane, are you reading from
20 a document that is already an exhibit?

21 MR. BEANE: Yes. (Off-the-record discussion)

22 Maybe what we ought to do is identify this--

23 MR. SHAFNER: Why not make it part of the record?

24 (Report on Chest Survey #32867, 9/19/72, marked

25 Exhibit #1.

 (Group Insurance Form, 8/22/72, Lawrence &

2 BY MR. BEANE:

3 Q Do you recall the question, Doctor?

4 A You said it says "pleuritis."

5 Q In light of that and subsequent developments, do
6 you have an opinion as to whether or not Mr. Gray was suffer-
7 ing from asbestosis or had asbestosis in September of 1972?

8 A Yes, I would think these are the early symptoms
9 of subsequent development.

10 Q Doctor, assume that he had no further exposure
11 after December of 1972, would you anticipate any different
12 history from what actually occurred? In other words, would
13 you expect that effusion that the man had in 1972 would have
14 resulted whether or not he had any subsequent exposure after
15 September of 1972?

16 MR. JOHNSON: I object to that question.

17 MR. BEANE: You may answer.

18 Even though he objects?

19 Q Yes.

20 A The clinical manifestations of excessive asbestos
21 exposure occur many years after the initial exposure. In the
22 case of fibrosis of the lung, that is, asbestosis, it is
23 virtually unheard of for this to manifest itself until eight
24 or ten years after the first exposure. In the case of cancer
25 and mesothelioma, these usually appear from 20 to 40 years

1 after first exposure, and in the case of asbestos pleural
2 effusion that usually does not manifest itself until six,
3 eight, ten years after first exposure. So that I would
4 presume that such manifestations of illness that he has
5 resulting from asbestos exposure must be attributed to things
6 that happened many years ago.

7 Q Doctor, I want you to assume that this man was
8 out of work for a period of time from March 10th of '73 to the
9 early part of May of '73, with complaints of pain in his
10 chest and his stomach. Would you have an opinion as to
11 whether or not these symptoms would be in some way related
12 to the asbestosis?

13 A With regard to pain in the stomach, I have no
14 opinion at all. With regard to pain in his chest, it would
15 seem to me that he had continuing pleuritis with his pleura
16 and you say that he was seen with difficulty of breathing
17 and pain on the left side, according to exhibit on page 78,
18 in 1972, and I would think if he returned in March of '73
19 and again has chest pain on the left side that this was all
20 one continuing problem.

21 Q I see. And you would feel that that chest pain
22 was related to exposure to asbestos?

23 A Yes.

24 Q In view, Doctor, of your examination and medical
25 records that you have examined, do you have an opinion as to

whether or not the fact that this man worked from about May 10th of '73 up until the middle of September '73, would you have an opinion as to whether this period of time that he worked played any part in the disease or the disability for which he was treated commencing in September of 1973?

A I think it did not. I think the problems that he had were related to exposure of many years, starting many years ago.

MR. BEANE: You may inquire.

CROSS-EXAMINATION

BY MR. JOHNSON:

Q Nevertheless played as much a part during those months as five months previous to March of 1973, did it not? You say it played no significant part. As I understand your testimony, this is an accumulation of exposure over a number of years which finally resulted in a breakdown?

A Not necessarily.

Q Why should the exposure of the last four months be any different from exposure four months prior thereto?

A Because I said in my testimony that it does not require ten years of continued exposure for these things to happen. What I tried to say and I think I said carefully, from initial exposure that it is perfectly possible for a man to have an intense exposure to asbestos for three months and then ten or twenty years later have manifestations of

1 asbestosis and that is well known and well published. The
2 thing that counts is the interval from first exposure to
3 when manifestations occur, and the peculiarity of asbestosis
4 is that it takes a minimum of five to seven years, usually
5 more like fifteen years for the clinical manifestations to
6 appear of what has happened that many years earlier. There
7 is that lag because it takes that long apparently for asbestos
8 bodies to become coated, for asbestos bodies to find their
9 way to the pleura, for asbestos, I assume, are partially
10 soluble to cause chemical and perhaps mechanical irritation
11 to such an extent that is progressive and essentially ten
12 or fifteen years later shows up. So that such manifestations
13 as asbestosis and pleural effusion as he had at that general
14 time were the result of things that undoubtedly happened a
15 minimum of five to seven years earlier and possibly ten or
16 twelve years earlier.

17 Q And later exposure would have no affect?

18 A Later exposure, again, might have affect on what
19 one might see ten or fifteen years from now but later exposure
20 would not have any affect on this particular illness.

21 Q So when you say added exposure and continued
22 exposure had not affect at all if he first manifested chest
23 pains, you say it went back eleven years, I think you say
24 in the report?

25 A I am saying that --

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Q Withdraw the question.

2 This problem that manifested itself in 1973, did
3 it not, and it was not until that time that the doctors
4 even until after the operation made a diagnosis of an asbes-
5 tosis, isn't that true?

6 A Well, I am presented with an exhibit here.

7 Q That exhibit says he complained of chest pain.

8 A The one I am referring to shows that he had pleural
9 scarring in September of '72.

10 Q That would not mean necessarily to the man that
11 he had asbestosis?

12 A It means that he has manifestations of an exposure.

13 Q Wouldn't mean so to him unless somebody told him,
14 would it? Wouldn't be manifest to the man himself unless
15 he had access to those x-rays, unless somebody told him?

16 A It may or may not. In this case I presume nobody
17 told him.

18 Q That's right.

19 A And he had manifestations. Here is the x-ray of
20 9-72--

21 Q He had, I understand, manifestations but not mani-
22 festations that were known to him?

23 A Yes, he complained of pleuritis.

24 Q Does that mean it came from asbestos necessarily?
25 He wouldn't know that.

1 A I don't follow your line of questioning.

2 Q You can have pleuritis not necessarily due to
3 an asbestos condition?

4 A Of course --

5 Q Unless somebody told him pleuritis due to asbestos
6 exposure. No way he would know about it, although it might
7 be to you as a doctor, isn't that true?

8 A Yes, what you are saying if nobody told him -- maybe
9 not.

10 Q You speak of excessive exposure - I think is the
11 word - where did you get that information?

12 A Well, the philosophical presumption was that
13 everyone who worked with asbestos and even people who live
14 in the city are exposed to asbestos and that that asbestos
15 exposure that you and I have, living in the city, and that
16 a man has working in a plant where asbestos is used, does
17 not manifest itself in disease unless by definition was
18 excessive.

19 Q This man worked in the open --

20 A I beg your pardon.

21 Q This man worked in the open. Any difference?

22 A I am not referring to his work or his exposure.
23 You asked me why did I think the exposure was excessive. I
24 say the exposure was excessive because it resulted in disease.
25 How he got it and why he got it, I did not refer to that at all.

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1 Q Even in September or October of 1973 the prelimin-
2 ary diagnosis was a chronic bronchitis, was it not? Referring
3 to hospital admission of October, of 9-73 - diagnosis -
4 acute and chronic bronchitis, possible hematuria, and the
5 discharge diagnosis was then probable pulmonary asbestosis.
6 So even at that time upon hospital admission the doctors were
7 not sure what he was suffering from; is that true?

8 A If you read the record and if they say on admission
9 chronic bronchitis, presumably they do not know what he was
10 suffering from.

11 Q Didn't you see these?

12 A If you find the page. I don't believe you would
13 read anything that isn't there.

14 Q October 9, 1972, admission - 9-73?

15 A Admission diagnosis - pleuritis, pulmonary embolism.

16 Q Lawrence & Memorial --

17 (Off-the-record discussion)

18 A The question is: Did the doctors know what he was
19 suffering from? The answer is apparently they didn't.

20 Q So the patient wouldn't know, either?

21 A I wouldn't know.

22 Q It's logical - if the doctors didn't know, the man
23 wouldn't know?

24 A That's not at all logical.

25 Q Is there anything in those two exhibits which

1 Mr. Beane put in evidence of August and September of '72

2 which indicate to a person who read them that he had asbestosis?

3 A What additional information did that person have --
4 just these two sheets of paper? No indication that he had
5 asbestosis.

6 Q When he was in there he had a pain in the chest,
7 is that right?

8 A Apparently.

9 Q Which could be due to innumerable causes?

10 A Yes.

11 Q In retrospect you now say reading that with history
12 of a pain, it is most likely due to asbestos?

13 A In retrospect I say to myself that the man had a
14 left side chest pain, that an x-ray was taken and it showed
15 pleuritis and that subsequently the man did not prove to
16 have any of the other things that conventionally cause pleural
17 effusion or pleuritis, he did not have any other disease;
18 also in retrospect I know that a part of the pleura and the
19 lung was removed and this showed asbestos bodies and also
20 I am now informed he was an asbestos worker; in retrospect
21 I would come to the conclusion that this is a result of asbestos.

22 Q It was not until after this operation that they
23 found asbestos plaque, that anyone was aware of an asbestos
24 problem?

25 A Apparently his physician did not.

Q That is why they did this operation which you

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believe caused a fibrosis and his difficulty in breathing now?

A Or contributed to, yes.

Q Mostly contributed to, is that not right? Wasn't the operation the cause rather than the asbestos disability in this case?

A I think it was a large contributor.

Q And that was as a result of a poorly managed complication of his surgery, as you put it?

MR. BEANE: Objection.

Q You didn't write that?

A Is what I wrote a part of the testimony, sir?

MR. BEANE: It is not at the moment.

Q Did you write that?

A Yes.

Q That was your opinion as of the time you wrote it?

A May I add something to this?

Q There is no question except what I just asked you.

MR. JOHNSON: Would you read the question?

(The Reporter read the subject question)

MR. BEANE: I think the question was answered. He said yes - you asked did he write it, he said yes.

MR. JOHNSON: I asked was that your opinion at that time? He didn't answer that.

MR. BEANE: I'm sorry.

1 BY MR. JOHNSON:

2 Q You wrote it?

3 A Yes. It was not well phrased.

4 Q Was it also your opinion -- and I am reading from
5 your report of July 1st, '75, that further operative procedures
6 should be done?

7 A I offered it as a possibility.

8 Q Would that improve the man considerably?

9 A It is difficult to predict, it depends on whether
10 the material that is in there is still largely fluid and
11 whether there is a fibrosis cortex that technically could
12 be removed from the lung or not and --

13 Q What is your thought along those lines now?

14 A I think it would be worth a try if the man were
15 fully apprized of the fact that this is a major operation
16 and entails certain problems by itself.

17 Q Now, you wrote two reports, one on July 1st, 1975
18 and another one on August 8, 1975?

19 A One on August 8 and one on July 1.

20 Q Now, in your report of August '75 you discuss
21 this case with Mr. Beane, I take it, in the wording of this--

22 A What are you referring to?

23 Q "Concerning the arrangement that you proposed in
24 your paragraph 2" -- what does that refer to? some letter
25 that you received?

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A Yes.

MR. JOHNSON: Do you have that letter?

MR. BEANE: I think I gave you a copy of that.

Did I give you a copy?

MR. SHAFNER: No.

BY MR. JOHNSON:

Q What do you refer to in that second paragraph -- in cases that involved Bethlehem Steel and General Dynamics in Quincy, this has been very difficult -- what has been difficult, to what --

A Is that pertinent at all?

Q I think it is pertinent, pertinent as far as I am concerned.

A Totally irrelevant to this case. Since there is no objection to it, my interest is mainly in justice -- not to you, not to you or anybody, and I would vigorously defend any company where an employee makes an unjustified claim, and I would vigorously defend any employee who is truly disabled. There are a number of instances of employees who come to us, who are more than truly disabled, they are dying, and it then turns out that if this is a workman's compensation case, Blue Cross, Blue Shield will not pay the bills because there is a little box which says "This is a Workman's Compensation case."

Q I'm well aware of it.

1 A Right. The insurance company then is asked to pay
2 No one doubts that the man is dying of asbestosis but because
3 he has worked for Bethlehem Steel for twenty years and then
4 he has worked for General Dynamics for ten years and, in
5 some instances that I know well, for a while the company was
6 self-insured, whatever that is, each one of them says, yes
7 this man is dying, yes, his wife had to put a mortgage on
8 the house, yes, she had to take the kids out of college
9 because she has no more money and is broke but we'll not pay
10 because it all happened while he was insured by the other guy,
11 and then all of these insurance companies get together, and
12 the self-insured, and they fight it out, and that takes
13 three and four and five years, and meanwhile the woman has
14 lost the house, the kids have been taken out of college
15 and the man is dead and under.

16 Q. You know that is the law; they have a right to
17 defend their position.

18 MR. BEANE: Objection.

19 MR. JOHNSON: He says it is a philosophical
20 discussion.

21 A You have raised the philosophical discussion. I
22 said it was not pertinent here. You have raised the philo-
23 sophical discussion here. This is what I was referring to.

24 Q Who do you think should pay in that case?

25 MR. BEANE: Objection.

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Q Do you think the main cause of this rather than being an asbestos problem, the present disability was due to the operation that he had in September or October of 1973?

A I would think it is a large contributor. It is now at this stage very difficult to ascertain what percentage was the result of mishap and what percentage was the result of his having the bilateral effusion and asbestosis but from the x-ray appearance now it would seem that the consequences of the operation are a large contributor to his present disability.

MR. JOHNSON: No further questions.

CROSS-EXAMINATION

BY MR. SHAFNER:

Q As the attorney for the Claimant in this case, I appreciate your thoughts and share them as well. I have a few questions, if I may, sir.

I think you told us you are on the staff of the Boston University School of Medicine?

A Yes.

Q Are you on the staffs of other hospitals?

A Boston City Hospital and a consultant to a number of Veterans Hospitals.

Q Are you consultant to any companies or industries?

A Any at all?

Q Yes.

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1 A I would think that somebody would object as being
2 irrelevant.

3 I occasionally consult with a company that makes
4 equipment for detecting abnormality of lung function. Do
5 you wish me to name it?

6 Q No, sir.

7 Are you a consultant to an asbestos manufacturer
8 or processor?

9 A Let me describe what we do and then you can decide
10 whether we are consultants.

11 What we do - we may be asked by the union or we may
12 be asked by the company to look at a certain problem, usually
13 asbestos, and we have a fairly large grant by the National
14 Institutes of Health that has to do largely with finding
15 ways and means of detecting asbestosis early; no trick to
16 detect later; and we have various procedures that are rather
17 fancy and at the moment not suitable for mass use that might
18 possibly detect the disease rather early.

19 To do this research clearly we need individuals
20 who have been exposed. We have an interest. So in cases
21 when we are asked by a company or by a union to make a survey,
22 we state that we would like to do this providing that both
23 parties agree. We will pay for these studies in part out of
24 our research funds, and we would like to have either the
25 company or the union defray a small part of the costs usually
involved in extras and things of that sort and that such

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1 findings as we make in regard to asbestosis will be made
2 a matter of information to the worker and to the company
3 in identical writing. Whether you would then say we are
4 consultants to the company, I don't know. We make it perfectly
5 clear that we are not employed by the company and not related
6 to the company and not employed by the union or related
7 to the union in order to have a perfectly neutral stance.

8 And if there appears to be any medical-legal problems
9 in any cases we have seen in this connection we make all
10 information that we have available to both parties but we
11 will not enter into the legal procedures.

12 Q I take it when you use the word "we" you are
13 referring not to yourself personally but to the staff at the
14 medical school?

15 A No; we have a research team of which I happen to
16 be the head, that consists of an epidemiologist, and industrial
17 hygienist and two or three young physicians who are in a
18 training situation and two or three technicians, and so on.

19 Q Now, Doctor, you have used the term "asbestosis"
20 and I gather that is only one of the bad results of exposure
21 to asbestos. Can you tell us what some of the others are?

22 MR. BEANE: Objection. Immaterial.

23 Q At times the word "asbestosis" is used; I had a
24 feeling what was really meant was exposure to asbestos,
25 and asbestos exposure resulted in disease. Are there other

1 diseases that come as a result to exposure?

2 A I think it is terribly important to have definitions.
3 Asbestos exposure is one thing. As indicated before, it may
4 be harmful or no consequences, depending on the disease.

5 The second and most talked of disease is asbestosis
6 and that is a fibrosis of the lung tissue itself and is
7 progressive even after the individual is removed from the
8 exposure and is probably the worst kind of industrial lung
9 problem that we have today.

10 There is a second problem as a result of asbestos
11 exposure and that is pleura plaques and they are thickenings
12 that appear on the pleura that are sometimes seen by x-rays;
13 they reach a certain thickness and they are generally benign.
14 That means the individual suffers no consequences, and occur
15 in a very high number of people who are exposed. For example,
16 they are found in 80 per cent of pipecoverers who have worked
17 30 years or more and usually have no ill consequences, and
18 in fact can be seen in certain counties in the population
19 at-large where there is a great deal of asbestos mining.

20 There is a, fortunately very rare presumably,
21 complication called mesothelioma, a rare tumor that is
22 associated with asbestos exposure in 80 to 90 per cent of
23 people who have the rare tumor.

24 Q One in ten thousand?

25 A Yes. And there is then a very complicated relation-

42 a ship of lung cancer to asbestos exposure in that non-smoking
2 asbestos workers, lung cancer is as rare as in the population
3 at-large but in smoking asbestos workers cancer is anywhere
4 from five to ten times more common than in ordinary smokers.
5 So there is a combination of the effect of cigarette smoking
6 and asbestosis.

7 And finally, there is a relatively rare complica-
8 tion of pleural effusion which is usually bilateral and
9 usually bloody that usually subsides by itself, mainly the
10 removal of fluids and on rare occasions becomes so big as
11 to require surgical removal and the relationship of this to
12 mesothelioma are not quite clear, but there are some people
13 who have this and in some years develop mesothelioma.

14 Q In Mr. Gray's case, I gather there has been a diagnosis
15 of asbestosis, also pleural plaques were found after surgery
16 was performed?

17 A Yes, the asbestosis, I might add, presumably is
18 minimal.

19 Q And the third item, pleural effusion. was also found?

20 A Yes.

21 Q In all three of those as a result of the asbestos
22 exposure?

23 A Yes.

24 Q In the report of August 8, 1975, made to Attorney
25 Beane, you referred in that report to a report that was

1 submitted to you, I take it, from Dr. Carrington?

2 A Also submitted --

3 Q A pathologist --

4 (Off-the-record discussion)

5 Q In Dr. Carrington's report he states that he was
6 examining some slides - I gather that presumably you had
7 sent to him?

8 A Yes. In fact, he came to Boston and looked at them.

9 Q Can you tell us what slides you had and where
10 obtained from so we can further identify them?

11 A They were obtained by writing to Dr. David Neilligan--
12 N-e-l-l-i-g-a-n -- Director of Laboratories at Lawrence &
13 Memorial Hospitals, identified as S-73-7340.

14 Q Dr. Carrington's report refers to actively forming
15 asbestos plaque - do I take it to mean that the plaque that
16 he founds there was still in the process of formation and
17 was an on-going process?

18 A He meant that presumably, but that means there
19 are still some cells and some blood vessels, as a very old
20 plaque would consist of the collagen only -- it was an on-going
21 process, I presume.

22 Q So at the time the slides were made presumably in
23 the Fall of 1973, formation of plaque was a continuing and
24 progressive condition?

25 A Well, progressive I don't know; they were

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1 in the stage of forming because it takes a long time for
2 such plaques to develop, usually 15, 20, 30 years.

3 Q So that presumably there would be more plaque
4 that would develop in his lungs?

5 A No; I think it is unpredictable. Sometimes plaques
6 form and don't change any further. On rare occasions, become
7 big bulges. That is rare.

8 Q Do you think whatever plaque Mr. Gray had in
9 October 1973 remained stationary or just impossible to tell?

10 A It is impossible to tell. The only thing we know
11 that they are still there.

12 Q I take it that the plaque he refers to is asbestos
13 plaque - did you refer to pleural plaque?

14 A That is the same thing.

15 Q That in turn causes pleural effusion?

16 A It did in this man's case.

17 Q He refers to some medical literature - Gaensler
18 and Kaplan - are you the same Gaensler?

19 A It so happens that we were the first ones to call
20 particular attention to this particular syndrome.

21 Q I assume, Doctor, that you publish extensively?

22 A In general, that is largely how I make a living.

23 Q And in particular with regard to asbestos related
24 diseases?

25 A Well, I suppose 150 publications over the last

1 thirty years, ten or twelve deal with asbestos.

2 Q In your earlier report, July 1, 1975 you refer
3 to some of the Lawrence & Memorial Hospitals records - I assume
4 Attorney Beane gave you copies of the hospital records?

5 A Yes; some legible and some illegible.

6 Q And in one of those reports there is reference to
7 a thoracenteses having been unsuccessful. Tell us what is
8 a thoracenteses?

9 A One introduces a needle into the chest, into the
10 pleura with a syringe and attempts to aspirate some of the
11 fluid.

12 Q Is that a painful process?

13 A No.

14 Q I gather from reading the hospital records at
15 one time they refer to this procedure as one in which the
16 patient, Mr. Gray, could not cooperate, and another time they
17 stated the attempted thoracenteses was not successful?

18 A Yes; the two are not necessarily related. In
19 other words, if there is a very small amount of fluid, it is
20 not uncommon to introduce a needle and get nothing, even if
21 it is not painful and even if the patient is most cooperative.
22 Also means he apparently was most frightened by this.

23 Q As a result of the doctor's decision not to attempt
24 further thoracenteses, an open thoractomy was performed.
25 Can you tell us what that procedure is?

1 A That is making an actual incision, usually between
2 two ribs and opening the pleural space, spreading the ribs
3 apart to some degree and removing the fluid as one can find
4 by suction, under anesthesia, and removing some of the pleura
5 for lab microscopy and in this case a very small bit of
6 lung was removed.

7 Q Can you tell us from reading the record what the
8 purpose of this particular surgical procedure was at Lawrence
9 & Memorial Hospitals?

10 A Entirely diagnostic.

11 Q And of what significance was the diagnosis in
12 Mr. Gray's case at this stage of the proceedings?

13 A Presuming, for example, that he had this effusion
14 as a result of a metastatic cancer, one could have then
15 injected radioactive material to prevent further effusion,
16 could have x-rayed such original lesion as might have been
17 found, or one might have found tubercle bacilli, in which
18 case the disease could have been cured with drugs, and so on.

19 Q So that the choice of treatment would depend
20 on making that sort of diagnosis?

21 A There are two reasons for the patient to do this.
22 One, and most important, is a hope that it can be treated,
23 and secondly, prognosis. Very often the patient, and almost
24 always the relatives, would like to know: is he going to
25 recover; is he going to die, whatever.

1 Q There is another reference following that -
2 thoracotomy for more fluid reaction. Tell us what that is.

3 A I suppose they meant that more fluid formed, I
4 guess; it is not a well defined term.

5 Q More fluid would have formed following the surgical
6 procedure as a result of the surgical procedure, perhaps?

7 A This particular expression that you use does not
8 suggest why more fluid formed. Could have been either.

9 Q Doctor, did you find clubbing of the nails of
10 Mr. Gray?

11 A Yes.

12 Q Did you make any finding in regard to his nail beds?

13 A Yes, clubbing.

14 Q Doctor, during your initial examination of Mr. Gray --
15 by the way, was there only one examination that you made of
16 Mr. Gray?

17 A He came to our laboratory only once and there
18 he was seen by a number of people.

19 Q This is all on one day?

20 A All on one day.

21 Q You mentioned in your examination on July 1st
22 that he had a problem lying down during the examination?

23 A Yes.

24 Q Can you tell us why that was?

25 A I'm not sure.

Q You say he required two pillows or if he turned on his left side he could breathe more easily. Can you tell us why that was?

A Well, I'm not at all sure but presumably the fluid that he still had, some fluid shifted in such a way that it possibly compressed the other lung, and that is why he was uncomfortable.

Q You also mentioned that the air entry was decreased at both bases. What does that mean?

A That means one listens with the stethoscope and compares the upper with the lower part of the lung. I hears less movement in the lower part of the lung.

Q What is the significance of that finding?

A Well, a very large number of things. He could have a pneumonia on both sides; could have pleural thickening on both sides; could have obstructive bronchitis on both sides - anything that would interfere with the lung moving.

Q In Mr. Gray's particular case of what significance was it?

A I think largely that he had pleural thickening, I would think.

Q You also mentioned a finding or history of dizzy spells. Would that have any relationship to his pulmonary problem?

A I don't know.

Q It might or might not?

1 A It might or might not; I would think more likely not.

2 Q You conducted a pulmonary function study in the
3 case of Mr. Gray - you found that all his lung volumes were
4 approximately one-half of normal?

5 A Yes.

6 Q You also mentioned that he had a respiratory
7 alkalosis. What does that mean?

8 A That means in this connection that his blood is
9 more alkaline than usual because he tends to breathe too much
10 for a given activity.

11 Q Why would Mr. Gray breathe too much?

12 A It could be cause he was nervous when he was
13 examined. Everybody breathes too much when they have a lung
14 examination, and if he does it all the time, and he tended
15 to do it all the time, it means there are stimuli from the
16 lung into the pleura to the breathing center in the brain
17 that are excessive.

18 Q Is this related to the asbestosis?

19 A That depends. If he does it temporarily, then it
20 would be related to nervousness; if he does it all the time,
21 it would tend to be related to lung or pleural disease.

22 Q You were not able to make that distinction on the
23 basis of a one-day examination?

24 A One can get an idea from the degree of acidity of
25 the blood or alklinity and I would think that his carbon dioxide

1 tension was very low in the blood - 31 millimeters, the normal
2 is 40, and alkalinity was very slight, from which I would
3 gather that both factors were at play, that he is a little
4 nervous but probably over-breathing all the time.

5 Q Doctor, you also tested his breathing at rest and
6 found he ventilated three times the normal value. What does
7 that mean? What is the significance of that?

8 A What we have just referred to - he over-breathes.

9 Q I'm not good at this type of thing, the poor layman's
10 way of understanding - is the attempt of the body to try to
11 get in more air to compensate for the decreased capacity of
12 the lungs?

13 A It is a stimulus by the lungs and the pleura,
14 one would presume, in effect to compensate, and if a person
15 has a very low oxygen pressure in the blood, like for example
16 when a normal person goes up to 14,000 feet, then this is a
17 very beneficial reflex which comes largely from oxygen lack.
18 If the person only has a slightly low oxygen tension, then
19 it is a detrimental effect because it means that the person
20 is doing a lot of work to breathe, which means he is likely
21 to be short of breath.

22 Q The latter is true in Mr. Gray's case?

23 A His oxygen tension - he had arterial oxygen
24 tension of 18, so I think in him it is probably detrimental
25 that he over-breathes so much.

1 Q Would that eventually result in some damage to
2 his heart?

3 A Not that. Just means he does twice as much work
4 in breathing, therefore likely to be out of breath walking
5 up one flight of stairs, compared to a normal person.

6 Q In an x-ray you took, or examined, June 18, 1975,
7 you noted a marked residual fibrothorax. What does that mean?

8 A That is what we have been discussing. On the left
9 side one can see only very little lung, the whole thing being
10 whited out, meaning presumably blood, fibrous tissues and
11 serum as a result of surgery, largely.

12 Q In evaluating disability you stated lung impairment
13 moderately severe to severe?

14 A Right.

15 Q You also stated that he was disabled from doing
16 anything except sedentary work?

17 A I would think so.

18 Q Because you have no knowledge of whether he is
19 capable of performing sedentary work, you don't go into that
20 area of examination, do you?

21 MR. BEANE: Objection.

22 A You mean capable from the standpoint of his intel-
23 ligence?

24 Q Right - intelligence, education or training?

25 A No. This is why I think it is unwise for physicians

to speak of disability. I think physicians should speak of impairment, and that is why I refer to lung impairment.

Q I take it whatever impairment you have found of Mr. Gray was as a result of his occupational exposure to asbestos, in your opinion?

A Directly and indirectly. In other words, as I wrote some place, the surgery must be attributed to his employment, and the effect of surgery must be attributed to his employment; yes.

Q The extent of his impairment at the time of your examination was, I guess you had a description of moderately severe to severe, you thought there is a possibility that further surgery might improve this condition but you were not certain?

A We have been over that. Certainly if he were 65 I would say well, his respiratory reserve is perfectly adequate for watching television and playing with the grandchildren; I would not contest it. Inasmuch as he is younger, it is worthwhile. In my experience, fairly extensive experience with this kind of surgery if the fibrothorax and hemothorax is the result of trauma, an automobile accident, then such surgery is very beneficial in ninety per cent of cases. If it is associated with asbestosis, it becomes more difficult because very often the fibrosis of the pleura also involves the more peripheral parts of the lung and it then becomes

1 very difficult to try to peel off this thickening from the
2 lung without making holes in the lung, and generally attempts
3 to peel off plaques if they get big in asbestotic, have been
4 unsuccessful, but in this case it is a sort of combination,
5 trauma, if you call surgery trauma, so it is a thought that
6 occurred to me, but I would think that this would have to
7 be put to the patient with lengthy and suitable explanation.

8 Q So that, Doctor, conceivably in Mr. Gray's case,
9 further surgery might cause additional problems in Mr. Gray
10 over and above what he has now?

11 A That is unlikely because I think the result
12 would be another exploration through the same incision, and
13 if it were found that it was impossible, one might remove
14 possibly a little fluid but one would not go further; so
15 I would think in trained hands it would not result in further
16 deterioration?

17 Q I take it this is a decision you would leave up
18 to the patient himself?

19 A Absolutely.

20 Q Without any further surgery being performed, what
21 is the prognosis of Mr. Gray's condition?

22 A Well, if one considers the fibrothorax alone that
23 he has, I would think this would be stable; it would not get
24 worse; on the contrary, over the years some resorption might
25 take place.

1 Q And the other conditions?

2 A How much asbestosis he has and whether this would
3 be progressive is difficult to tell, the evaluation of his
4 asbestosis in conventional ways has now become very difficult
5 because there is the superimposed other problem, but if he
6 has very little asbestosis presumably his condition might be
7 stable. If, on the other hand, the asbestosis progresses
8 in the only good lung that he now has, it might deteriorate.

9 Q What are Mr. Gray's chances of developing the
10 other diseases that you mentioned earlier that typically
11 or commonly result from asbestos exposure?

12 MR. BEANE: Objection.

13 MR. SHAFNER: You may answer.

14 A Well, statistically -- what is the smoking cigarettes-

15 ; Q The hospital records stated that he started
16 smoking at age 25.

17 (Doctor examining records)

18 A He started at age 18 and stopped at age 40. Two
19 years before he stopped he smoked a pack a day.

20 I would think that his chances of dying of cancer
21 of the lung without any asbestos exposure are probably two
22 per cent.

23 Q And with asbestos exposure?

24 A And with exposure, I would think it is probably
25 five times higher - so that as a smoking asbestos worker,

1 as any smoking asbestos worker, the chances are increased.
2 The chances of mesothelioma are very rare, couldn't be
3 evaluated on a statistical basis.

4 Q That is a possibility but that is something you
5 could not predict?

6 A That would be exceedingly rare.

7 Q Doctor, in determining the degree of disability
8 or impairment that Mr. Gray has, is the test of shortness
9 of breath while at rest a very significant finding?

10 A Generally, not because shortness of breath is
11 something that the patient tells you about, it is called a
12 subjective sensation and that might occur for all sorts of
13 reasons and particularly in an individual who has some
14 medical-legal involvement, one would try to stay away from
15 facing one's judgment as much as possible on anything the
16 patient says.

17 Q Assuming it is true, given a fact that he has
18 shortness of breath while at rest, how would that figure
19 into your evaluation of his disability?

20 A It is a sort of contradiction in terms because if
21 I say shortness in breath as a subjective term, then there
22 is no way of evaluating whether it is true.

23 Q Can his family physician evaluate?

24 A Not if it is a subjective thing. In other words,
25 he says I see stars in front of my eyes - there is no way to

say he does or does not. It is a subjective thing. This is why we rely on physiologic tests of a lesser or greater extent, in this case greater extent, to estimate the degree of impairment, and we take the physiologic tests and compare them with standards set by the Social Security and "Poor Workers Act" and things we have written ourselves and say by these standards we have no impairment, or minimal impairment, et cetera.

Q Your final evaluation in regard to that was moderately severe to severe?

A That is right.

Q In the x-rays you examined, in one of them you referred to the finding of, I think, irregular capacity with one-slash-zero (1/0) rating, is that correct?

A Yes.

Q In the other x-rays you don't report on this, you don't use the same rating system in describing them. Do you find any of them to be 1/1/

A That is the standard nomenclature of the International Labor Organization for describing x-rays that have pneumococcus in them, and to do that requires fairly high quality x-rays and one cannot attempt to grade this finely on miniature films, and the first two, three films were miniature and appeared abnormal and the subsequent films were not of such quality as to tell, so the grading that we

1 did was done on the films that we took at the time.

2 MR. SHAFNER: That is all the questions I have.

3 Thank you.

4 MR. BEANE: I have no further questions.

5 MR. JOHNSON: No further questions.

6 (Deposition concluded at 2:40 o'clock, p.m.)

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58 a1

I N D E X

WITNESS

DIRECT

P a g e

Edward A. Gaensler, M.D. 3

Cross by Mr. Johnson 10

Cross by Mr. Shafner 20

EXHIBITS:

P a g e

#1 - Chest Survey #32867, 9/19/72 7

#2 - Group Insurance Form, Lawrence &
Memorial Hospitals 8

CERTIFICATE

59 a

State of Connecticut)
County of Middlesex) ss.

I, Libby M. Kaye, a Notary Public duly commissioned and qualified within and for the State of Connecticut, do hereby certify that pursuant to Notice there appeared before me on the 8th day of October, 1975 at 12:30 P.M., at the offices of O'Brien, Shafner, Garvey, Bartinik & Stuart, Bridge Street At Route One, Groton, Connecticut, the following named person, to wit: EDWARD A. GAENSIER, M.D., who was by me duly sworn to testify to the truth and nothing but the truth of his knowledge touching and concerning the matters in controversy in this cause; that he was thereupon carefully examined upon his oath and his testimony reduced to writing by me; that the deposition is a true record of the testimony given by the witness; that the reading and signing of the deposition were waived.

I further certify that I am neither attorney nor counsel for, nor related to or employed by, any of the parties to the action in which this deposition is taken, and further that I am not a relative or employee of any attorney or counsel employed by the parties hereto or financially interested in the action. In witness whereof, I have hereunto set my hand and affixed my notarial seal this 19th day of October, 1975.

Libby M. Kaye
Notary Public

My Commission expires:
April 1, 1976

60 a

ED-1049
REV. 3/61GENERAL DYNAMICS
Electric Boat Division

CHEST SURVEY

Survey No. 32867

Survey Date

9-19-72

NAME

Gray, Sammie L.

Check No.

246
32867

IMPRESSION

FINDINGS

Age 39

- | | |
|--|---|
| 1 ☐ ANOMALY, RIB OR LUNG | 9 ☐ CALCIUM DEPOSIT, LUNGS |
| 2 ☐ ACQUIRED BONE LESION | 10 ☐ CALCIUM DEPOSIT, NODES |
| 3 ☒ PLEURAL SCARRING | 11 ☐ QUESTION PULMONARY LESION |
| 4 ☐ PLEURAL EFFUSION | 12 ☐ PULMONARY LESION |
| 5 ☐ ABNORMAL AORTA | 13 ☐ |
| 6 ☐ ABNORMAL HEART | 14 ☐ |
| 7 ☐ ABNORMAL MEDIASTINUM | |
| 8 ☐ ABNORMAL DIAPHRAGM | |

☐ UNSATISFACTORY
EXAMINATION☐ A—NEGATIVE CHEST☒ B—ABNORMAL CHEST
No further X-Ray examination
recommended☐ C—ABNORMAL CHEST
Additional X-Ray examination
recommended as follows:

EXPLANATION OF CHEST SURVEY REPORTS

"Unsatisfactory examination" indicates that for technical reasons, the film is not of diagnostic quality and patient should be returned to the survey unit for repetition of this study at the earliest possible moment.

"Negative Chest" as used in this department means that x-ray examination has revealed no abnormality of any thoracic structure.

When deviations from normal are recognized they will be indicated under "findings".

Examiner's opinion regarding the probable clinical significance of such findings will be indicated under "impression". When checked under "B" a survey roentgenogram shows some abnormality which does not appear to be of immediate clinical significance.

When the examiner checks his impression under "C" he has expressed the opinion that more elaborate roentgenological examination is highly desirable.

CHEST SURVEY

GROUP HOSPITAL INSURANCE FORM TO BE PRESENTED TO THE HOSPITAL IN DUPLICATE

61a

To Lawrence & Memorial Hospital. This certifies that Samuel Gray is insured for the following Group Hospital Benefits (in behalf of his dependent self) by

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

BENEFITS FOR MATERNITY AND NON-MATERNITY CASES

- A. Hospital Room and Board (including general nursing services).
Actual hospital charges up to 365 times the daily hospital benefit of \$50 plus 80% of the excess but not to exceed the hospital's standard semi-private room rate.
- B. Other Hospital Charges
Actual hospital charges for care and treatment (excluding charges for nurses' and physicians' services and take home drugs) - \$675 plus 80% of covered expenses in excess of \$675.
- C. The maximum initial certification of benefits is \$2500. If the expenses are expected to exceed \$2500, please contact the policyholder for additional certification of benefits.

NOTE: Maternity Benefits are only available for employees' wives and female employees.

THE MINIMUM HOUR HOSPITALIZATION REQUIREMENT will be met if the patient is an in-patient and a charge is made for room and board except that there are no such requirements for the initial confinement due to a surgical operation or for emergency care rendered within 72 hours following an accident or the onset of serious and sudden illness.

GROUP POLICYHOLDER: GENERAL DYNAMICS CORPORATION, ELECTRIC BOAT DIVISION
ADDRESS: Groton, Connecticut 06340
PHONE: Area Code 203 446-2998
BY (Name and Title): Employee Services Department
ABOVE CERTIFICATION VALID FOR ONLY SEVEN DAYS FROM THIS DATE (Exception - Maternity Cases): 8/22/72

HOSPITAL COMPLETE FOLLOWING: GENERAL DYNAMICS DEPT. ELECTRIC BOAT DIVISION
NAME OF PATIENT: Samuel Gray 062751A
AGE: 38
DATE ADMITTED: 8/22/72
TIME ADMITTED: 4:15 PM
DATE DISCHARGED: 8/22/72
TIME DISCHARGED: 4:15 PM
IS PATIENT IN OTHER THAN SEMI-PRIVATE ROOM? NO
INDICATE SEMI-PRIVATE DAILY RATE: \$20.00
OTHER INSURANCE INDICATED BY HOSPITAL RECORDS: YES NAME OF COMPANY: NO

DIAGNOSIS FROM RECORDS (If Injury, Give Date and Place of Accident):

He states he has difficulty breathing and pain left side.
Prob. pleuritis left minimal

HOSPITAL CHARGES (Complete This Section or Attach Copy of Itemized Bill Showing Information Below)

ROOM AND BOARD	WARD	DAYS AT \$	TOTAL \$	TOTAL CHARGES \$
☒	SEMI-PRIVATE	DAYS AT \$	TOTAL \$	
☐	PRIVATE	DAYS AT \$	TOTAL \$	
☐	OTHERS	DAYS AT \$	TOTAL \$	
OTHER CHARGES	OPERATING OR DELIVERY ROOM			
	ANESTHESIA			
	X-RAY			
	LABORATORY			
	EKG BMR			
	PHYSICAL THERAPY			
	AMBULANCE			
	MEDICAL AND SURGICAL SUPPLIES			
	PHARMACY (Except Take Home Drugs)			
	INHALATION THERAPY			
	INTRAVENOUS SOLUTIONS			
	TOTAL			

THIS FORM APPROVED BY THE HEALTH INSURANCE COUNCIL AND ACCEPTED BY THE AMERICAN HOSPITAL ASSOCIATION FOR USE BY HOSPITALS (see explanatory instructions).



HOSPITAL: Lawrence & Memorial
TAKEN FROM RECORDS ON: 8/22/72
ADDRESS: Montauk Ave. New London, Conn.
SIGNED BY: M. J. D. W. H.

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the above named hospital to release the information requested on this form.

Date: 8/22/72 Signed: [Signature] Patient (Parent if a Minor)

AUTHORIZATION TO PAY INSURANCE BENEFITS: I hereby authorize payment directly to the above named hospital of the Group Hospital Benefits herein specified and otherwise payable to me but not to exceed the hospital's regular charges for this period of hospitalization. I understand I am financially responsible to the hospital for charges not covered by this authorization.

Date: 8/22/72 Signed: [Signature] Dept. No. Badge No.

LAWRENCE AND MEMORIAL HOSPITALS
NEW LONDON, CONNECTICUT
OUTPATIENT RECORD

J-1 101465A

62a

LAST FIRST M.I. STREET CITY STATE CLINIC ER

GRAY, MR. SAMUEL L. 88 WILLIAMS STREET, NEW LONDON, CONNECTICUT, X

AGE DATE OF BIRTH TELEPHONE FAMILY DOCTOR REL. RACE SEX DATE TIME

39 4/4/34 447-1880 None B M 3/20/73 9:50P

TIME, LOCATION AND DESCRIPTION OF ACCIDENT OR ILLNESS

3/20/73 Pt. states he is having pains in chest and stomach - started this morning.

INFORMATION GIVEN BY Pt. S. HALL

NAME AND ADDRESS OF RESPONSIBLE PARTY

Mr. Samuel L. Gray 88 Williams Street, New London, Connecticut 06320

NEAREST RELATIVE NAME AND ADDRESS

Brother-Charles Gray-Pratt Street, New London, Connecticut

BROUGHT IN BY

SELF FAMILY POLICE OFFICER'S NAME POLICE (TOWN) AMBULANCE COMPANY

X X None Yes

EMPLOYER

Hourly

PATIENT'S SIGNATURE FOR INSURANCE

YES NO

CODE DEPT. SERVICE DISPOSITION TIME

001-010 TR 10 10 10

001-008 10 10 10

001-004 10 10 10

10 10 10

11 10 10

HISTORY AND PHYSICAL FINDINGS:

ALLERGIES

ORIGINAL TETANUS IMM.

LAST TETANUS INJECTION

CARD 22 T P R BP

COMM 24

DENT 54

DERM 28

ENT 50

GYN 70

MED-10

MISC.

NEUR 32

OB 73

ORTH 43

ORTH 58

PSYC 73

SURG 40

URCL 62

FINAL DIAGNOSIS:

Pharyngitis, ? strep

TREATMENT OR SURGICAL PROCEDURE

PEN x 10 & G K 90

ATTENDING NURSE

ATTENDING PHYSICIAN

PHYSICIAN IN CHARGE

RECORD ROOM

I UNDERSTAND THE ABOVE INSTRUCTIONS

PATIENT'S SIGNATURE

5-J-112

102017A (2)

RECORD ROOM

I UNDERSTAND THE ABOVE INSTRUCTIONS.

PATIE-IT'S SIGNATURE

64 a

ROENTGENOLOGICAL

J-A-3

Roentgenologist

Patient of

REPORT

Name Sammie Lee Gray

Age and Sex M 39

No. P93611

September 20, 1973

No apparent bony or soft tissue abnormality. Trachea in midline. Heart and aorta within normal limits.

RIGHT LUNG: Hemidiaphragm is irregular with slight blunting of the costophrenic angle. Hilar shadow unremarkable. The parenchyma is clear.

LEFT LUNG: Hemidiaphragm is irregular with obliteration of the costophrenic angle. Hilar shadow unremarkable. There are scattered linear and patchy markings in the lingula. Otherwise essentially clear.

OPINION: Findings suggest a pneumonitis and associated pleuritis of lingula. This might also represent fibrosis from previous infection. Previous films for comparison would be helpful.

OUTSIDE FILMS FROM LAWRENCE HOSPITALS AND ELECTRIC BOAT COMPANY - Received September 26, 1972
No chest films included (Lawrence Hospitals)

Electric Boat Company - September 19, 1972 - SINGLE CHEST FILM - This film shows the left lung to be essentially clear and the left costophrenic angle fairly sharply defined. There is thickened pleura at the right base, about the same as on our films a year later.

OUTSIDE FILMS FROM ELECTRIC BOAT COMPANY - Received October 1, 1973

February 1965 - February 1967 - September 1970 - September 1971 - CHEST FILMS - All are within normal limits.

*Joint H 65 a
#3 P2.*

September 24, 1973

Dr. James Schmidt
Box 38
Mystic, Conn.

Dear Dr. Schmidt:

Your patient, Sammie L. Gray of 88 Williams Street, New London, Conn., was seen in the Out Patient Clinic on September 20, 1973. He says that he has felt rather tired and run-down and has had some shortness of breath in recent months, but has not had a cold or acute respiratory symptoms. As you know, he was referred here because of recent questionable chest films.

He still has a visibly positive Tine tuberculin reaction. On examination of his chest, the lung fields were essentially clear. Blood pressure was 115/80.

Stereo and lateral chest films reveal scattered markings in the left lower lung field with blunting of the costophrenic angle, suggesting an area of pneumonitis and associated pleuritis. The findings might also represent fibrosis from previous infections.

We are sending for previous films taken at the Lawrence Hospital and at the Electric Boat Company for comparison with our present ones, and we plan to see Mr. Gray again in one month. I do not feel that his disease represents tuberculosis or neoplasm, and I doubt that any treatment is indicated at present.

I will get in touch with you after the next visit.

Sincerely yours,

JRP/o

John R. Poffenberger, M.D.

66

LAWRENCE AND MEMORIAL HOSPITAL'S
NEW LONDON, CONNECTICUT
OUTPATIENT RECORD

J-AY

141530A

FIRST	M.I.	STREET	CITY	STATE	CLINIC	E.R.	P.A.		
Y, SAMMIE L. MR.		88 Williams Ist.	New London, Conn.			XXX			
MARITAL STATUS	AGE	DATE OF BIRTH	TELEPHONE	FAMILY DOCTOR	REL.	RACE	SEX	DATE	TIME
X	39	1-4-34	447-1880	none		b	m	9-25-73	2:10PM

TIME, LOCATION AND DESCRIPTION OF ACCIDENT OR ILLNESS

Pt. sts. he is having trouble breathing.

INFORMATION GIVEN BY		INTERVIEWER
pt		B. Alligood
E.R. ROOM NO.	NAME AND ADDRESS OF RESPONSIBLE PARTY	
	Mr. Sammie L. Gray 88 Williams St. New London, Conn. 06320	
NEAREST RELATIVE NAME AND ADDRESS		RECV. TELE.
Sadie wife		
BROUGHT IN BY		PREVIOUS ADMISSION DATE
SELF X		INPATIENT
FAMILY		OUTPATIENT
POLICE OFFICER'S NAME		yes
POLICE (TOWN)		
AMBULANCE COMPANY		
EMPLOYER		
hourly		
MED. CARE 55 SOCIAL SECURITY NO.		PATIENT'S SIGNATURE FOR INSURANCE
		BILLING OBTAINED
		YES NO

1 CODE	DEPT.	SERVICE	DISPOSITION: TIME	HOME	ADMITTED RM.	REFERRED TO
0701-010	CR	Services	10-3pm	✓		
2						
2701-008	CR		8-			
3						
4						
5						
6						

CARD 22	HISTORY AND PHYSICAL FINDINGS:	ALLERGIES	ORIGINAL TETANUS IMM.
COMM 24	T 98° 76 R 28 BP 148/100		LAST TETANUS INJECTION
DENT 54			
DERM 28			
ENT 50			
GYN 70	FINAL DIAGNOSIS:		
MED-10	Dispersed for 1 year		
MISC.	TREATMENT OR SURGICAL PROCEDURE		
NEUR 32	Referred to Dr. Sprague		
CS 75			
OPTH 49			
ORTH 58			
PSYC 39	M. Aldinger R.N.	ATTENDING PHYSICIAN	PHYSICIAN IN CHARGE
SURG 40	INSTRUCTIONS TO PATIENT:		
UROL 62			

I UNDERSTAND THE ABOVE INSTRUCTIONS:

RECORD ROOM

LAWRENCE AND MEMORIAL HOSPITAL
NEW LONDON, CONNECTICUT
OUTPATIENT RECORD

J-45 142196 A



LAST	FIRST	M.I.	STREET	CITY	STATE	CLINIC	E.P.	P.D.
GRAY MR SAMMY			88 Williams Street, New London, Connecticut	06320		67a		
MARITAL STATUS		AGE	DATE OF BIRTH	TELEPHONE	FAMILY DOCTOR	REL.	RACE	SEX
S M W D SEP		39	1/21/34	447-1880	none		B	W
						DATE	TIME	
						9/28/73	2:30pm	

TIME, LOCATION AND DESCRIPTION OF ACCIDENT OR ILLNESS
9/28/73 Pt in for chest x-ray - Dr. Spracace.

INFORMATION GIVEN BY	INTERVIEWER
ng	O'Neill
FAM. TELE.	

E.R. ROOM ASG.	NAME AND ADDRESS OF RESPONSIBLE PARTY
	Mr. Sammy Gray 88 Williams Street, New London, Conn. 06320
	NEAREST RELATIVE NAME AND ADDRESS
	wife - Sadie same

SELF	FAMILY	POLICE OFFICER'S NAME	POLICE (TOWN)	AMBULANCE COMPANY	PREVIOUS ADMIS. DATE
	X				INPATIENT OUTPATIENT
					nom 73

COMP.	MISC.	FINANCIAL INFORMATION				P.F.	E.B.	EMPLOYER
		S.P.	B.C.	C.M.S.	CENTURY	WELF.	CHAMPUS	
								X Hourly.

MEDICARE 65	SOCIAL SECURITY NO.	PATIENT'S SIGNATURE FOR INSURANCE	BILLING OBTAINED
			YES NO

1 CODE	DEPT.	SERVICE	DISPOSITION	TIME	HOME	ADMITTED BY	REFERRED TO
2001-048	XRay	Chest		1800			
2							
3							
4							
5							
6							

CARD 22	HISTORY AND PHYSICAL FINDINGS:		ALLERGIES	ORIGINAL TETANUS INJ.
	T	P	R	BP
COMM 24				
DENT 54				
DERM 28				
ENT 50				
GYN 70	FINAL DIAGNOSIS:			
MED-10				
MISC.	TREATMENT OR SURGICAL PROCEDURE			
NEUR 32				
OB 76				
OPHT 48				
ORTH 53				
PSYC 38				
SURG 40	ATTENDING NURSE	ATTENDING PHYSICIAN	PHYSICIAN IN CHARGE	COPY TO
	INSTRUCTIONS TO PATIENT:			
UROL 62				

I UNDERSTAND THE ABOVE INSTRUCTIONS:

RECORD ROOM

BE COMPLETED FOR EACH DAYS EXAMINATIONS. WRITE FIRMLY.
 68 a YOU'RE MAKING 3 COPIES.

TECHNICIAN <i>Dustin</i>	PAT. NUMBER 302788	REQUEST PATIENT NAME GRAY, R. SAMMY 39 male 88 Williams Street New London, Conn.	HOSPITAL CASE NO., AGE, SEX	DATE OF BIRTH 1/21/3
FLOOR	ROOM	ER	OP.	U
PREVIOUS X RAY HERE		APPOINTMENT	DATE	A M P M

ESSENTIAL CLINICAL DATA:

STAT. READINGS	WALK	
	CHAIR	
	STRETCHER	
	BEDSIDE	
	MAY DRESSING BE REMOVED?	

REQUEST EXAMINATION OF:

Chest

Dr. Spreccace M.D.

DO NOT WRITE BELOW THIS LINE FOR X RAY USE ONLY

PA AND LATERAL CHEST

9/28/73

The cardiac silhouette is within the range of normal in size and shape. Some focal linear densities are noted in the lingular segment of the left upper lobe and in the left lower lobe. The left costophrenic angle is blunted. Described findings are probably due to interstitial fibrotic scarring plus pleural scarring. No clinical history accompanies the examination request.

P
 Peter M. McIlloy, M.D./ft

REQUEST FOR RADIOLOGIC CONSULTATION

RAD 0.0651

LAWRENCE AND MEMORIAL HOSPITALS NEW LONDON, CONN.

NOT SPOKEN

257-3 4873

J-7 69a

E.B. INS. PT. THRU WK.
(HOURLY) DEPT. 246/32867

GRAY, MR. SAMMIE L.

F328 375/824

88 WILLIAMS ST., NEW LONDON, CT. 447/1880 SP

JAN 4/34 39 X 1 OCT9/73 8:15PM MED

DR. GEORGE SPRECAE

SAME

SELF & INSURANCE

CHRONIC & ACUTE BRONCHITIS; HEMATURIA

NONE

ALABAMA

RELIGIOUS

BAPT/NOT AFFIL

E.B. CO.

X

GROTON, CT. 06340

GRAY, MRS. SADIE

WIFE

PIPEFITTER

SAME

HYPERTEL. 443/2500

U.S. COAST GUARD

001 1 2 3 4

A. KELBAUGH

PT. ON ADM.

PT'S SISTER
MRS. ANN STARK
#442/0821

(D) EMERGENCY ADMISSION

FINAL DIAGNOSIS

Left Lung Lobectomy

615-2

COMPLICATIONS ARISING IN HOSPITAL

SUMMARY
OPERATIONS
TREATMENT AND COURSE

Left Lung Lobectomy - done

TREATMENT AND COURSE

COMPLICATIONS

HOSPITAL INFECTION

YES ☐ NO ☒

DISCHARGE STATUS

DISCHARGED ALIVE ☒ DECEASED ☐
WITH APPROVAL ☒ AGAINST ADVICE ☐ NO AUTOBIO ☐
TRANSFERRED ☐

[Signature]

70a

Dr. Gaudin

375 284

Name

Case No.

CHIEF COMPLAINT: This 39-year-old, Negro male Pipefitter from the E.B. Co., was admitted for treatment of shortness of breath, lt.-sided costal and subcostal discomfort of at least several weeks' duration and also apparent blood in urine of one day's duration. The patient came to me for the first time about two weeks ago with a history of at least several weeks of progressive shortness of breath associated with more recent lt. subcostal and lt. shoulder pain, pleuritic in nature. He had noticed some episodes of accentuated shortness of breath and dizziness on exertion during the last several weeks. The history was somewhat difficult to obtain here, but further questioning revealed that the patient may have developed some degree of shortness of breath, beginning about three or four months ago, and that he also may have noted some lt.-sided chest discomfort for a similar period of time. During the last several weeks, he has reportedly lost 21 lbs. of weight, associated with some anorexia. He denied prior serious illnesses other than one episode about one month ago of apparently mild hematuria, although this history is vague and will be checked with Dr. Brosnan who treated the patient for a short time. The patient was also under the care of Dr. Simonson for a short while for extensive dental caries and pyorrhea, although he has not seen a dentist for several months. He has worked since 1961 as a Pipefitter, apparently with significant exposure to asbestos, without using a mask until recently. The patient denied prior serious respiratory or other illnesses, no known past allergies, no known medicinal or drug allergies. He smoked one half pack of cigarettes daily until advised by me to discontinue this practice, made moderate use of alcohol and took no medicines regularly. He had had a chest x-ray one week before the office admission at Uncas-on-Thames Hospital and had been advised to return on Oct. 19. Pertinent examination at the time of the first office visit revealed mild distress due to reported lt. subcostal pain. Auscultation over this area revealed good breath sounds except for a few fine rales over localized area at the lt. base with decreased vocal fremitus over the same area. Chest x-rays were obtained which revealed some focal linear densities noted in the linear segment of the lt. upper lobe and in the lt. lower lobe with some blunting of the lt. costophrenic angle, felt to represent probably interstitial fibrotic scarring plus pleural scarring. Darvon Compound 65 was prescribed for chest pain and Slo-phyllin, 250 mg. q8h was prescribed for dyspnea. On the day of admission, the patient called to report that he had noted some red spots on his shorts, felt to be the result of blood in urine. The above symptoms had continued and hospitalization was felt to be indicated.

PAST MEDICAL HISTORY: Is otherwise negative.

FAMILY HISTORY: Reveals that father died of TB, no other familial history known.

PHYSICAL EXAMINATION:

Pertinent findings on this physical examination revealed a w/d, w/n, Negro male resting quietly in bed but appearing in some distress due to lt.-sided chest and upper abdomen discomfort. He was afebrile and vitalsigns were normal and stable.

Examination of skin and mucous membranes today revealed no rashes, jaundice, cyanosis, or edema. There was no significant adenopathy.

Examination of HEENT revealed pupils RRE, react to L & A, EOMS intact, tympanic membranes clear. Nasal examination revealed moderate nasal mucosal hyperplasia and erythema. There was moderate pharyngeal erythema. Marked dental caries, particularly of the maxillary area.

Neck - veins flat, trachea midline, thyroid not enlarged.

Examination of the lung fields revealed a definite pleural friction rub over the lt. lower lateral costal area with auscultatory evidence posteriorly of a few scattered fine rales bilaterally and suggestive decrease in lt. basal vocal fremitus together with a suggestion dullness to percussion over the same area. Clinical examination of the heart revealed no clinical cardiac abnormality.

Approved

Examination of the abdomen revealed no definite organomegaly although there was mild epigastric tenderness noted.

Genitorectal examination was essentially negative.

Examination of the extremities negative. DTRs 2+, negative Babinski.

71a

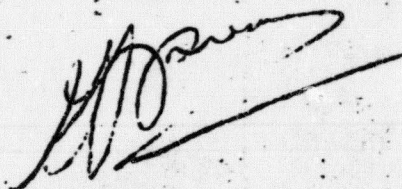
The impression on admission was: (1) Acute and possibly prolonged pleurisy of undetermined cause, possibly related to previous exposure to asbestos during the last ten years, with mesothelioma as an outside possibility.
(2) Also, possible hematuria.

GS:eld

D 10/9/73

T 10/10/73

CC - Dr. Spracace - (1)



72a

SUMMARY

J 9

Name: SAMMIE

Admitted Oct. 9/73

Discharged Oct. 19/73

Admission Diagnosis: Acute and chronic bronchitis
Possible hematuria.

Discharge Diagnosis: Probable pulmonary asbestosis.

This 39-year old negro male pipefitter from Electric Boac Co. was admitted for treatment and further evaluation of shortness of breath, left-sided costal and subcostal discomfort of several weeks duration and also blood in the urine one day's duration. See admission workup for details.

LABORATORY WORK: During hospitalization included multiple chest X-rays which revealed initially moderate-sized pleural effusion at the left base with underlying infiltration and some infiltration and pleural reaction on the right. These findings were persistent although the latest chest X-ray appeared to show some improvement in the degree of parenchymal infiltrate in overlying pleural reaction.

Hgb. 14.3, Hct. 42, WBC 5000 with a normal diff. including, however, 6% eosinophils. PPS 92, Two-hour postprandial blood sugar 89, BUN 8, creatinine 1.1, total protein 7.3 with albumin 3.7/globulin 3.6. Total bilirubin 0.6, urinalysis initially revealed 35 to 40 WBC per high-power field but subsequent urinalyses were normal. SGOT 26, SGPT 26, CPK 58, total bilirubin 0.4, alk. phos. 121. Sputum culture revealed normal flora, no acid-fast bacilli on smear, Cusckman's spirals and atypical epithelium interpreted as metaplasia. LE prep on at least one occasion was negative. Pleural fluid specimen for cytology was negative for malignancy. Ceph. flocc. was negative. Urinalysis was normal.

Patient's hospital course was afebrile. He was treated with Darvon compound PRN for discomfort which was present intermittently during the early hospital course. Daily examinations of the patient revealed initially changes in physical findings, namely, a change from an obvious left lateral thoracic pleural friction rub to a right lateral thoracic friction rub. Later with disappearance of both friction rubs and persistence of fine basal inspiratory rales bilaterally.

Patient was seen in consultation by Dr. Wade for thoracentesis which produced a small amount of fluid that was examined and was found to be serous. At one point in the evaluation the possibility of early cardiomegaly and pulmonary vascular congestion was suggested by the writer. No evidence relating to possible hematuria was uncovered despite the fact that all urine was examined and strained for several days. In view of the patient's clinical and X-ray findings as well as his occupational history, it was felt that this case probably represents pulmonary asbestosis under the circumstances in view of the implications of such a diagnosis for the patient's future livelihood and the occupational compensability of this problem, it was felt that open lung biopsy was indicated. This is planned with Dr. Wade for some time next week. Meanwhile the patient will be discharged for readmission at that time.

Condition on discharge improved. Prognosis dependent upon underlying diagnosis.

S/mj

D 10/13/73

T 10/19/73

CC. Dr. Spreaice (2)

110-1000 (Ksp)

BE COMPLETED FOR EACH DAY'S
EXAMINATIONS. WRITE FIRMLY.
YOU'RE MAKING 3 COPIES

TECHNICIAN		RAY NUMBER		PATIENT NAME	Gray, Sammie L.
302788		302788		HOSPITAL CASE NO., AGE, SEX	75-334 F 32B SP
F3		338		ADDRESS	88 WILLIAMS ST., N.L., CT.
ESSENTIAL CLINICAL DATA		PREVIOUS DATE HERE		DATE FIRST DAY EXAM	DATE OF REPORT
		13		10/10 Wed	

0 AP (2) lateral Chest
2 KUB - Abdomen

REQUEST EXAMINATION OF

Chronic & Acute Bronchitis;
Hematuria

STAT READINGS

WALK

CHAIR

STRETCHER

BEDSIDE

MAY DRESSING
BE REMOVED

READ BY

J. Sprecake / SA

DO NOT WRITE BELOW THIS LINE FOR X-RAY USE ONLY

FLAT FILM OF THE ABDOMEN

10/10/73

This film was compared with the previous flat film of the abdomen done on April 9, 1973, as part of an intravenous pyelogram. There are no abnormal soft tissue masses or calcifications. There is no evidence of bowel obstruction.

CHEST

10/10/73

This examination was compared to the previous examination of September 28, 1973. The cardiovascular shadow shows no change in appearance and is normal in size and contour. At this time there appears to be a moderate sized pleural effusion present at the left base. There also is infiltration in the left lower lobe now and this is more marked than on previous films. There is also some infiltration present at the right base. The upper lobes are regarded as normal. There is some minimal infiltration present in the right middle lobe also. The long fissure on the right is quite prominent and this may represent a manifestation of some degree of inter-lobar effusion.

F. J. Fagan, M.D./ft

REQUEST FOR RADIOLOGIC CONSULTATION

RADIOLOGIST

74a EXAMINATIONS WRITE FIRMLY,
YOU'RE MAKING 3 COPIES

11.

X-RAY NUMBER
302788
302788

PATIENT
NAME

HOSPITAL
CASE NO.,
AGE, SEX

ADDRESS

GRAY, SAMMIE L. 39M
375-364 F328 SP
MED DR. SPRECACE
83 WILLIAMS ST., N.L., CT.

Gray, Sammie L.

DATE OF BIRTH

FLOOR F3	ROOM 328	ER	OP	DATE	PREVIOUS X RAY HERE	APPOINTMENT DATE 10/12/73	A M	P M
-------------	-------------	----	----	------	---------------------	------------------------------	-----	-----

ESSENTIAL CLINICAL DATA:

Chron + acute bronchitis

STAT. READINGS

WALK

CHAIR

STRETCHER

BEDSIDE

MAY DRESSING
BE REMOVED?

READ BY

REQUEST EXAMINATION OF

Chest A/P & left lat = Wet Reading

Dr. Sprecace/memo

DO NOT WRITE BELOW THIS LINE FOR X RAY USE ONLY

CHEST

10/12/73

1. The comparison is dated October 10, 1973.
2. No significant interval change.
3. Diffuse more or less homogeneous densities in the left lower lung field posterolaterally which appears to be due to combination of pleural effusion and consolidation of the lung.
4. Minimal pleural effusion on the right side.
5. Some focal atelectatic change in the left mid and both lower lung fields.
6. The finding is suggestive of pneumonic process.
7. Prominent cardiac size and normal pulmonary vasculature. The presence of minimal pericardial effusion cannot be excluded.

C. A. Kim, M.D./ft

RADIOLOGIST

Report of Consultation

F-328 J-4475a
12Name GRAY, MR. SAMMIE Case No. 375 884
88 Williams St. New London, Conn.Date of Consultation E.B. Ins.
Requested by Dr. Sprecaze
Oct. 12/73

Thank you for allowing me to see this most interesting patient.

Mr. Gray entered the hospital because of chest pain. Chest X-ray showed infiltrative disease in the left lower lobe with pleural effusion on the left side. Also some questionable infiltrates in the right lower lung area. There is no evidence of any granularity of the lung to go along with the biliary disease. Patient has a history of being a pipefitter with exposure to asbestos. He also has hematuria several months ago which apparently was noncontributory. The patient has also had some recurrent hematuria. With the combination of hematuria and lung diseases raises the question of interstitial inflammatory process. Without any systemic symptoms, bacterial infection does not seem likely. I think workup including pulmonary embolism and lupus, etc. should be considered.

A thoracentesis was attempted but because of the patient's inability to cooperate only a small amount of fluid, serous in nature, was obtained and was sent for studies. If this is not diagnostic arrangements will be made for patient to have a thoracentesis and pleural biopsy under anesthesia. Will discuss with you.

W/mj
D 10/12/73
T 10/12/73
CC. Dr. Wade (2)

Signature of Resident Consultant

Signature of Consultant

7.6 BE COMPLETED FOR EACH DAY'S EXAMINATIONS WRITE FIRMLY, YOU'RE MAKING 3 COPIES

J-A 13

TECHNICIAN *Lynn Allen* X-RAY NUMBER *302788*
 302788

PATIENT NAME
 HOSPITAL CASE NO., AGE, SEX
 ADDRESS

GRAY, MR. DAVID L. 304
 375-104 7003 SP
 DR. SPRECCAGE
 83 WILLIAMS ST., N.L., CT.
 Gray, David L.

FLOOR *F-3* ROOM *1R* OP *1A* PREVIOUS X-RAY HERE

APPOINTMENT DATE *10/15* A.M. P.M.

ESSENTIAL CLINICAL DATA
Chronic & Acute Bronchitis; Hematuria

STAT READINGS	WALK	
	CHAIR	☒
	STRETCHER	
	BEDSIDE	
	MAY DRESSING BE REMOVED?	

REQUEST EXAMINATION OF
API Left Lat. Chest X-ray

Dr. Spruce 10/15/73

DO NOT WRITE BELOW THIS LINE FOR X-RAY USE ONLY

CHEST

10/15/73

PA and lateral films of the chest are compared with multiple previous films of 9/28 and 10/12/73. I do not see any appreciable interval change. The left hemidiaphragm remains obscured by substantial pleural alterations at the left base. There are some linear fibrotic changes and some parenchymal infiltrates. At the right base there are less extensive pleural alterations with a minor increase in peripheral parenchymal lung markings.

David Hayes, M.D./ft

BE COMPLETED FOR EACH DAYS
EXAMINATIONS. WRITE FIRMLY
YOU'RE MAKING 3 COPIES.

PATIENT
NAME

GRAY, MR. SAMMIE L. 194
375-884 F328 BP
MED DR. SPRECCAGE
88 WILLIAMS ST., N.L., CT.

HOSPITAL
CASE NO.
AGE, SEX

ADDRESS

Gray, Sammie L.

302788

302788

F-3

ROOM

FR

OP

PREVIOUS X-RAY HERE

73

APPOINTMENT

DATE

10/18

ESSENTIAL CLINICAL DATA:

STAT READINGS

WALK

CHAIR

STRETCHER

BED

MAX. PRESSURE
BE REMOVED

READ BY

REQUEST EXAMINATION OF

Chest AP + Left lateral

P. Sprague (10/18/73)

DO NOT WRITE BELOW THIS LINE FOR X-RAY USE ONLY

PA AND LATERAL CHEST

10/18/73

Compared with the film of 10/15/73 there has been some clearing of the left lower lobe infiltrate. At present there remains some infiltrate in the left lower lobe and I cannot rule out the possibility of a developing infiltrate in the right lower lobe area. Certainly there is atelectatic change at the right costophrenic angle. In addition there may be fluid associated with the infiltrate in the left lower lobe area. Heart size is grossly normal and there is no evidence of congestive heart failure.

John D. Sprague, M.D./ft

REQUEST FOR RADIOLOGIC CONSULTATION

NON SMOKER

MEDICARE NO

SOC SEC NO 267 46 4873

J-AB 15

78a

E.B. CO. HOURLY PT. THRU		GRAY, MR. SAMMIE L.		F306 376-692	
WK. CLK#246/323867		88 WILLIAMS ST. NEW LONDON CT.		447-1880 SP	
65T800. 32.867		DATE OF BIRTH JAN 4/34 39 XX		OCT. 31/73 10:45AM SURG	
ATTENDING DOCTOR		DRS P. WADE		SAME	
RESPONSIBLE PARTY		SELF & INS		BUSINESS TEL NO 375-884 1973	
AGENCY		2 ASBESTOSIS		CHURCH ATTENDANCE RELIGION P/BAPT/NO AFFIL	
PLACE OF BIRTH ALABAMA		CAPITAL STATUS XX		SEX	
NEAREST RELATIVE		GRAY, MRS. SADIE		WIFE	
ADDRESS		SAME		HOME TEL NO. SAME	
OCCUPATION		PIPEFITTER		BUSINESS TEL NO.	
ADMITTING OFFICER		K. EDGLEY		PREV ADM/CB	
DETAILS OF ACCIDENT PERSONS INVOLVED ADDRESS		SISTER: MRS. ANN STARK #442-0821		PATIENT'S MAILING ADDRESS IF DIFFERENT THAN ABOVE	

FINAL DIAGNOSIS

*Edema & Nephrosis (Primary)
Left side (anterior left thorax)
Minimal bilateral pleural effusions
Left pleural effusion*

511.0
517.0
998.9
511.2

COMPLICATIONS ARISING IN HOSPITAL

Hemorrhage Post op

91.3
26.0
26.8
25.8
26.1

OPERATIONS

*Bronchoscopy & Epistaxis
Thoracotomy Left Lung*

TREATMENT AND COURSE

CONSULTATIONS

HOSPITAL INFECTION
YES ☐ NO ☐

DISCHARGE STATUS

DISCHARGED ALIVE ☒ DIED ☐
WITH APPROVAL ☐ AUTOPSY ☐
AGAINST ADVICE ☐ NO AUTOPSY ☐
TRANSFERRED ☐

SIGNATURE(S) OF ATTENDING PHYSICIAN(S)

THE LAWRENCE AND MEMORIAL HOSPITALS
NEW LONDON, CT
CHART COPY

SUMMARY

Date of Admission: 31 October, 1973.
Date of Discharge: 18 November, 1973.

ADMISSION DIAGNOSIS: Question of asbestosis.

FINAL DIAGNOSIS: Fibrinous and fibrous pleurisy, left chest.
Minimal focal interstitial fibrosis, left lung.

This 39 year old, Negro male was readmitted to the hospital because of recurrent chest pain and effusion. The patient had been worked up previously and then discharged home while awaiting operation because of question of asbestosis in his left lung. He had been hospitalized at one time for hematuria, and this had proved out upon work-up. When he had persistent pain in his left with cough, he was admitted to the hospital and at that time, a bronchoscopy was carried out. Attempted thoracentesis was unsuccessful, and diagnosis could not be established that way. The patient refused to have any more non-anesthetic procedures, and it was felt that the best way to establish a tissue diagnosis was to do a thoracotomy. This was carried out, and at operation, there was found to be lots of old and recent pleurisy with a reactive and a thickened, mass pleura present. There was some entrapment of the left lower lobe, and this was freed up by pleurectomy. A biopsy of the left lower lobe was also carried out. There was no clinical nodularity, just the lobe by palpation. The tissue recorded above. Postoperatively, the patient did not have a low-grade fever and was treated with antibiotics, both Prostaphilin for gram-positive organisms and later Kantrex for gram-negative organisms. There was an interesting finding in the pleural fluid and the bronchial washings which were carried out at the time of the chest operation, showed anaerobic Diptheroides which are normal occupants of the oral pharynx, and would ordinarily cause systemic tissue infections.

Postoperatively, the patient continued to have some evidence of pleural fluid reaction, and a thoracentesis was carried out under general anesthesia because of the apprehension of the patient about needles. This fluid grew out a Staph. albus, coagulase negative, which was felt to be contaminant. He must have had a fair amount of hemothorax postop because of a drop in his hematocrit. He had packed cells to raise the hematocrit. The Staph. albus grown out in the thoracentesis fluid was sensitive to an antibiotic which he had been on for some time. Because of the patient's apprehension about further thoracenteses and the fact that his lung was gradually getting somewhat clearer, he was discharged home for office follow-up. LE Preps, Antinuclear Antibody studies as well as Rheumatoid Factor, and Cold Agglutinins, all were not remarkable. The patient's white count and hemoglobin also were normal. At the time of discharge, he improved quite a bit. His temperature had resolved over 48 hours. He will be followed in the office for serial chest x-rays and further thoracentesis if the fluid persists in his chest.

Prognosis - good.

PM:eld

D & T - 11/29/73

CC - Dr. Wade - (2)

(Reg)

(LAWRENCE AND MEMORIAL HOSPITAL) J-AB
#17

OPERATIVE RECORD

80 a NAME GRAY, Mr. Sammi

Case No. 376-692

Date: 11/1/73

SURGEON: Dr. Wade

ASSISTANT: Dr. Gomez*

OPERATION Bronchoscopy, exploratory thoracotomy with biopsy of left pleura and left lower lobe.

Preoperative diagnosis: Pleural effusion, left chest. ? Asbestosis of the lungs.

Under general anesthesia an endotracheal tube was passed. With the patient's respiration controlled the fiberbronchoscope was passed through the nose by the larynx which appeared relatively normal into the trachea and beyond the endotracheal tube. The orifices of the upper lobes, lower lobes and superior segments were visualized bilaterally and no evidence of any ulceration, obstruction or endobronchial disease was noted. The bronchoscope was removed. The patient was placed in the left side up position and a periscapular incision was made and carried through the muscle layer to expose the 6th rib. The rib was stripped of periosteum and the pleural cavity was entered. There was a markedly thickened pleura with hyalinization of the posterolateral pleura. Immediately inferior to this hyalinized pleura was a reactive pleurisy with granular grayish tissue which bled quite easily. The lung was separated from the pleural reaction but there was encased in the lower lobe and part of the upper lobe also visceral pleuritis of a more recent origin. Strips of this granular pleurisy with organizing fibrinous tissue were removed. Inspection of the lung revealed a marked amount of anthracosis of both lobes. Palpation revealed some thickening of the tissues but no discrete nodularity, no discrete masses. There was some thickening in the hilum secondary to some lymph node enlargement. Biopsy of the pleura was obtained by strippings of the parietal and visceral areas. A wedge resection of the lower lobe was then obtained and the raw area was closed with interrupted sutures of 4-0 Tevdek. Following this the chest was closed in layers applying 2 and 4-0 Tevdek. There was a moderate amount of bleeding from the raw surfaces controlled with coagulation. Drainage was through an intercostal tube to a pleurovac. The patient was returned to recovery room in good condition.

W/mcm

D 11/29/73

T 11/30/73

cc: Dr. Wade 2
Dr. Gomez 1

Approved

Operator

Resident

LM-246(O.R.)

WYRENT AND MEMORIAL HOSPITALS
Personal History and Physical Examination

210-012 2000
SURG DR. WADE
WILLIAMS ST., H.L., CT.

J-A-18
18

81a

Name GRAY, Mr. Sammie

Case No

Patient to be admitted on Tuesday, October 30th.

This patient was hospitalized recently on Dr. Spreccace's service for workup of pulmonary infiltrate in the left lung, persistent left chest pain with some febrile elements to it and ? of asbestosis because of his work. An attempt was made to do a pleural biopsy and thoracentesis, but the patient could not cooperate sufficiently for a specimen to be obtained; a small amount of pleural fluid was negative. The patient's X-ray cleared somewhat slowly. He had some minor changes in other parts of his lungs with a ? of asbestosis or mesothelioma was raised. The patient is being readmitted to the hospital for open thoracotomy, biopsy of the lung as well as bronchoscopy.

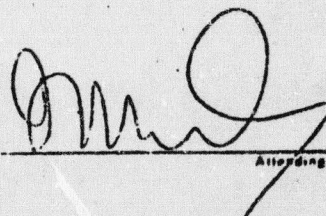
For Past History and Systems Review: See recent admission.

PHYSICAL EXAMINATION: The patient is a w/developed, w/nourished, ^{white} male in no acute distress except for some slight left chest pain. Other findings on physical examination are unchanged from his recent hospitalization.

ADMISSION DIAGNOSIS: Pleural effusion with pneumonitis of left chest.
Rule out asbestosis.

W:th
D: 10/26/73
T: 10/26/73
CC: Dr. Wade (1)

Approved



Attending Physician in Ch

House Officer

LN-47(88g)

EXAMINATIONS. **WRITE FIRMLY.**

82 a YOU'RE MAKING 3 COPIES.

TECHNICIAN

X-RAY NUMBER

Sampson 302788
Seplinski 302788

PATIENT NAME

HOSPITAL CASE NO., AGE, SEX

ADDRESS

F-3

376-692 F306 SP
SUPT. DR. WADE
86 WILLIAMS ST., N.L., CT.

J-A

19

Gray, Sammie L.

DATE FIRST DAY L.P.

DATE OF BIRTH

1-4-34

FLOOR	ROOM	ER	OP	DATE	PREVIOUS X-RAY HERE	APPOINTMENT DATE	10-31-73
-------	------	----	----	------	---------------------	------------------	----------

ESSENTIAL CLINICAL DATA:

prep

STAT. READINGS

WALK

CHAIR

STRETCHER

READ BY

BEDSIDE

REQUEST EXAMINATION OF:

chest

dr. Wade

M.

DO NOT WRITE BELOW THIS LINE FOR X-RAY USE ONLY

CHEST

10/31/73

1. The comparison is dated October 15, and October 18, 1973.
2. There appears to be no significant interval change.
3. Slight pleural effusion on the left side and diffuse hazy and streaky infiltrates in the lower lung field together with focal atelectatic change in both lower lung fields.
4. The finding in the left lower lung field is suggestive of inflammatory process.
5. No significant abnormality in the remainder of the chest.
6. Normal cardiovascular shadow and no evidence of obstructive emphysematous change in both lungs.

C. A. Kim, M.D./ft

RADIOLOGIST

REQUEST FOR RADIOLOGIC CONSULTATION

LAWRENCE AND MEMORIAL HOSPITALS, NEW LONDON, CONN.

COMPLETED FOR EACH DAY'S EXAMINATIONS. WRITE FIRMLY. YOU'RE MAKING 3 COPIES.				PATIENT NAME J-A 20	
TECHNICIAN Jons Cillino		X-RAY NUMBER 302788		HOSPITAL CASE NO., AGE, SEX 376-075 1906 SP 83 WILLIAM ST., N.L., CT.	
				ADDRESS GRAY, SAMUEL L.	
FLUOR. F-3		ROOM 306		DATE FIRST DAY L.M.P.	
ER		OP.		DATE OF BIRTH	
PREVIOUS X-RAY USE 72		APPOINTMENT DATE 11-3-73		TIME	
ESSENTIAL CLINICAL DATA: ? Asbestosis				STAT. READINGS:	
AP sitting 72" 8:30 AM REQUEST EXAMINATION OF: Portable chest				WALK	
				CHAIR	
				STRETCHER	
				BEDSIDE	
				READ BY:	
				MAY DRESSING BE REMOVED?	
				SIGNATURE Dr. Wade/mck	

CHEST, BEDSIDE FILM TAKEN AP SITTING AT
72 INCH DISTANCE

11-3-73

This examination is compared with the previous examination of October 31, 1973. There is very definite infiltration at the right base now and this is a linear type of infiltration such as is seen in asbestosis, however, similar appearance may be produced by linear atelectasis. There is now a very large pleural effusion occupying about two-thirds of the left hemithorax. This effusion is very much larger than on the previous examination. The cardiovascular shadow and trachea are displaced somewhat to the right.

F. J. Fagan, M.D. / 20

REQUEST FOR RADIOLOGIC CONSULTATION

RADIOLOGIST

LAWRENCE AND MEMORIAL HOSPITALS, NEW LONDON, CONN.

842 *Wright*

TECHNICIAN *302788*

302788
302788

PATIENT NAME
HOSPITAL CASE NO., AGE, SEX
ADDRESS

I-A 2021
276-692 F306 S2
3620 DR. WADE
83 WILLIAMS ST., N.L., CT. GRAY, SAMUEL

DATE FIRST DAY L.I.P.
DATE OF BIRTH *6/22*

FLOOR ROOM EX OP DATE PREVIOUS X-RAY HERE

APPOINTMENT DATE *11-5-1973*

ESSENTIAL CLINICAL DATA:
*Lung biopsy
? Asbestosis*

STAT. READINGS

READ BY:

WALK
CHAIR
STRETCHER
BEDSIDE

MAY DRESSING BE REMOVED?

REQUEST EXAMINATION OF: *PA & Left Lateral chest*

CHEST

DO NOT WRITE BELOW THIS LINE FOR X-RAY USE ONLY

11/5/73

PA and lateral films were compared with the exam of 11/3/73. The drainage tubes have been removed. Except for this I do not see much interval change.

DH
D. Hayes, M.D./dk

REQUEST FOR RADIOLOGIC CONSULTATION

RADIOLOGIST

LAWRENCE AND MEMORIAL HOSPITALS, NEW LONDON, CONN

EXAMINATIONS WRITE FIRMLY

YOU'RE MAKING 3 COPIES.

TECHNICIAN

RAT NUMBER

PATIENT
NAMEHOSPITAL
CASE NO.,
AGE, SEX

ADDRESS

J-A 22

GP. Y. MR. SAMMIE L. 394

3. 692 F306 SP

SURG DR. WADE

88 WILLIAMS ST. N.L., CT.

85 a

GRAY, SAMMIE L.

DATE FIRST DAY L.P.

DATE OF BIRTH

FLOOR

ROOM

ER

OP

D

PREVIOUS X RAY HERE

APPOINTMENT

DATE

11-8-73

TIME

A.M.

P.M.

ESSENTIAL CLINICAL DATA:

? Asbestosis

STAT. READINGS

WALK

CHAIR

STRETCHER

BEDSIDE

READ BY

REQUEST EXAMINATION OF

PA & Left lateral chest x-ray

HAT OFFENSIVE

BE REMOVED

Dr. Wade

DO NOT WRITE BELOW THIS LINE

PA & LATERAL CHEST

11/8/73

Compared with the film of 11/5/73 no real interval change has occurred, aside from possible minimal diminution in the left sided pleural effusion.


 J. Sutphen, M.D./dk

REQUEST FOR RADIOLOGIC CONSULTATION

RADIOLOGIC

LAWRENCE AND MEMORIAL HOSPITAL NEW HAVEN, CONN.

86 a

Be COMPLETED FOR EACH DAY'S EXAMINATIONS. WRITE FIRMLY.
YOU'RE MAKING 3 COPIES.

PHYSICIAN: 302788
RAY NUMBER: 302788

REQUEST: J-A 21
PATIENT NAME: MR. SAMUEL L. 392
HOSPITAL CASE NO., AGE, SEX: 376-692 F306 SP
SURG DR. MADE
88 WILLIAMS ST., N.I., CT.
ADDRESS: GRAY, SAMUEL L.

DATE: 11-8-73 TIME: 11/9/73

ESSENTIAL CLINICAL DATA: F3 306 ER OP 11-8-73 11/9/73

STAT. READINGS: WALK
CHAR
STRETCHER
ECG

? Asbestosis

REQUEST EXAMINATION OF

Chest X-Ray

Dr. Wade/mck

CHEST

11/9/73

Comparison with the previous film of 11/5/73 shows that the pleural effusion on the left is larger and ^{an}overexposed film shows that there is collapse of the left lower lobe also. There also appears to be some partial collapse of the left upper lobe. There is no change in the appearance of the right hemithorax. The cardiovascular shadow and trachea are still in normal position.

8
F.J. Fagan, M.D./dk

REQUEST FOR RADIOLOGIC CONSULTATION

LAWRENCE AND MEMORIAL HOSPITALS, NEW HAVEN, CONN.

EXAMINATIONS. WRITE FIRMLY
YOU'RE MAKING 3 COPIES.

GRAY, MR. SAMMIE L. 39M
376-692 F306 SP
SUF DR. WADE
88 WILLIAMS ST., N.L., CT. 87 a

J-H22
23
-24

Morrisette
Burke

302788
302788

PATIENT
NAME
HOSPITAL
CASE NO.,
AGE, SEX
ADDRESS

GRAY, SAMMIE L.

DATE FIRST DAY L... DATE OF BIRTH

FLOOR ROOM E2 OP D A T T
PREVIOUS X RAY 73

APPOINTMENT DATE 11-15-73

ESSENTIAL CLINICAL DATA
? fibrosis

STAT READINGS:	WALK
	CHAIR
	STRETCHER
	BEDSIDE
READ BY:	MAY DRESSING BE REMOVED?

REQUEST EXAMINATION OF: PA & Left lateral chest

Dx Wade
Rice

PA & LATERAL CHEST 11/15/73

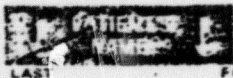
Compared with the film of 11/9/73 there has been no real interval change. The large left pleural effusion in the post-thoracotomy changes are again seen. There is minor atelectasis at the right costophrenic angle.

J. Sutphen, M.D./dk

FOR RADIOLOGIC CONSULTATION

LAWRENCE AND MEMORIAL HOSPITALS, NEW HAVEN, CONN.

10-345-4817



LAWRENCE AND MEMORIAL HOSPITALS
NEW LONDON, CONNECTICUT
OUTPATIENT RECORD

J-A23 25
148605A

LAST		FIRST		M.I.		STREET		CITY		STATE		CLINIC	E.R.	P.A.					
GRAY, SAMMY LEE MR.		88 a				88 Williams St.,		New London, Conn.		06320				X					
MARITAL STATUS		AGE		DATE OF BIRTH		TELEPHONE		FAMILY DOCTOR		REL.		RACE		SEX		DATE		TIME	
S M W D SEP		39		1/1/34		447-1880		Wade				B		M		12/5/73		11:20AM	
X																			

TIME, LOCATION AND DESCRIPTION OF ACCIDENT OR ILLNESS
12/5/73 Diag. x-ray - Chest AP & Lateral - pleurisy - Dr. Spredace

E.R. ROOM ASS.		NAME AND ADDRESS OF RESPONSIBLE PARTY		INFORMATION GIVEN BY		INTERVIEWER	
		Mr. Sammy Lee Gray 88 Williams St., New London, Conn.		patient		3. Whiston	
		NEAREST RELATIVE NAME AND ADDRESS				FERN. TELE.	
		wife - Sadie - same					

SELF		FAMILY		POLICE OFFICER'S NAME		POLICE (TOWN)		AMBULANCE COMPANY		PREVIOUS ADM. SS. DATE	
										INPATIENT 11/73	
X		COMP. MISC.		FINANCIAL INFORMATION		P.F.		E.S.		EMPLOYER	
				S.F. B.C. C.M.S. CENTURY WELF. CH. W.P.S.						xx hourl y	
										11/73	
										11/73	

MEDICARE 65 SOCIAL SECURITY NO.		PATIENT'S SIGNATURE FOR INSURANCE		BILLING OBTAINED	
				YES NO	

J CODE		DEPT.		SERVICE		DISPOSITION: TIME		HOME		ADMITTED AM.		REFERRED TO	
1001-048		X-ray		Chest		18-							
2													
3													
4													
5													
6													

CARD 22		HISTORY AND PHYSICAL FINDINGS:		ALLERGIES		ORIGINAL TETANUS IMM.	
		T P R BP				LAST TETANUS INJECTION	
COMM 24							
DENT 54							
DERM 28							
ENT 50							
GYN 70		FINAL DIAGNOSIS:					
MED-10							
MISC.		TREATMENT OR SURGICAL PROCEDURE					
NEUR 32							
OB 76							
OPTH 48							
ORTH 58							
PSYC 38							
SURG 40		ATTENDING NURSE		ATTENDING PHYSICIAN		PHYSICIAN IN CHARGE	
		INSTRUCTIONS TO PATIENT:				COPY TO	
UROL 62							

I UNDERSTAND THE ABOVE INSTRUCTIONS:

RECORD ROOM

PATIENT'S SIGNATURE:

NOTE: SEPARATE REQUESTS MUST
BE COMPLETED FOR EACH DAY'S
EXAMINATIONS. WRITE FIRMLY.
YOU'RE MAKING 3 COPIES.

TECHNICIAN <i>Harold Coen</i>		X-RAY NUMBER 302788 302788		DATE OF REQUEST	PATIENT NAME <i>Gray, Sammy</i>	HOSPITAL CASE NO., AGE, SEX M-39	ADDRESS 88 Williams St. N.L. Conn.	DATE OF BIRTH 1/4/34										
FLOOR	ROOM	ER	OP	PREVIOUS X-RAY HERE	12/5/73													
ESSENTIAL CLINICAL DATA: <i>History of obscure bleeding & infiltrate process in lung.</i> <i>Discharged 3 wk ago after Opn by Surgeon</i>					STAT READINGS <i>2</i>	<table border="1"> <tr><td>WALK</td><td></td></tr> <tr><td>CHAIR</td><td></td></tr> <tr><td>STRETCHER</td><td></td></tr> <tr><td>BEDSIDE</td><td></td></tr> <tr><td>WAT DRESSING BE REMOVED?</td><td></td></tr> </table>			WALK		CHAIR		STRETCHER		BEDSIDE		WAT DRESSING BE REMOVED?	
WALK																		
CHAIR																		
STRETCHER																		
BEDSIDE																		
WAT DRESSING BE REMOVED?																		
REQUEST EXAMINATION OF: <i>Chest AP, Left Lateral X-ray</i>					<i>[Signature]</i> M.D.													

DO NOT WRITE BELOW THIS LINE FOR X RAY USE ONLY

PA AND LATERAL CHEST

12-5-73

Films today are compared with the study of 11-15-73. Since that time, there has been no change in the appearance of the chest. The near white out of the left lung is again seen. There are compensatory congestive changes of the right lung.

[Signature]
J. Supper, M.D./ab

REQUEST FOR
RADIOLOGIC CONSULTATION

RADIOLOGIST

LAWRENCE AND MEMORIAL HOSPITALS, NEW LONDON, CONN.

12-5-73

LAWRENCE AND MEMORIAL HOSPITALS
NEW LONDON, CONNECTICUT
OUTPATIENT RECORD

323161743A

0a6720

LAST FIRST		M.I.		STREET		CITY		STATE		CLINIC	P.R.	P.A.
GRAY, SAMMY L.				88 Williams St.,		New London, Ct.		J-42426				X
MARRIAGE STATUS		AGE	DATE OF BIRTH	TELEPHONE	FAMILY DOCTOR	REL	RACE	SEX	DATE	TIME		
1 X 2 3 4 5 6 7 8 9 10 11 12		40	1/1/33	447-1880	Wade		B	M	1/24/74	12:45pm		

TIME LOCATION AND DESCRIPTION OF ACCIDENT OR ILLNESS
1/24/74 Pt sts he is here for chest xray for Dr. Wade.

E.R. ROOM ASSG.		NAME AND ADDRESS OF RESPONSIBLE PARTY		INFORMATION GIVEN BY		INTERVIEWER	
		Mr. Sammy L. Gray, 88 Williams St. New London, Ct.		pt		NSzegda	
		NEAREST RELATIVE NAME AND ADDRESS				PERM. TELE.	
		wife - Sadie - same address					

BROUGHT IN BY		POLICE OFFICER'S NAME		POLICE (TOWN)		AMBULANCE COMPANY		PREVIOUS ADMISSIONS DATE	
SELF		X						INPATIENT 11/73	
FINANCIAL INFORMATION		P.P.		E.B.		EMPLOYER		OUTPATIENT 2 wks	
COMP. MED.		SP. B.C. C.M.S. CENTURY WELP. CHAMPAIS		XX		pt emp EB hourly - MTC			
MEDICARE 65 SOCIAL SECURITY NO.				PATIENT'S SIGNATURE FOR INSURANCE		BILLING OBTAINED		YES NO	

1 CODE		DEPT.		SERVICE		DISPOSITION: TIME		HOME		ADMITTED RM.		REFERRED TO	
2001-048				Chest		4/13							
7 CODE		DEPT.		SERVICE									
3													
4													
5													
6													

CARD 22		HISTORY AND PHYSICAL FINDINGS:		ALLERGIES		ORIGINAL TETANUS IMM.	
		T P R SP				LAST TETANUS INJECTION	
COMM 24							
DENT 54							
DERM 28							
ENT 50							
GYN 70		FINAL DIAGNOSIS:					
MED-10							
MISC.		TREATMENT OR SURGICAL PROCEDURE					
NEUR 32							
OB 76							
OPHTH 48							
ORTH 58							
PSYC 38							
SURG 40		ATTENDING NURSE		ATTENDING PHYSICIAN		PHYSICIAN IN CHARGE	
		INSTRUCTIONS TO PATIENT:				COPY TO	
UROL 62							

I UNDERSTAND THE ABOVE INSTRUCTIONS:

RECORD ROOM

PATIENT'S SIGNATURE:

SEPARATE REQUESTS MUST
COMPLETED FOR EACH DAYS
EXAMINATIONS. WRITE FIRMLY.
YOU'RE MAKING 3 COPIES.

TECHNICIAN <i>York Schaffer</i>		X-RAY NUMBER 302788 <i>302788</i>		DATE OF REQUEST	PATIENT NAME <i>Sar. ie Gray</i> <i>88 Williams St.</i> <i>Gray, SATTIE</i> <i>New London, Conn.</i> <i>39 m.</i>		HOSPITAL CASE NO., AGE, SEX		ADDRESS		DATE FIRST DAY L.I.P.		DATE OF BIRTH	
FLOOR	ROOM	EX	OF	PREVIOUS X-RAY NO.	APPOINTMENT DATE	TIME	PM							
			<i>X</i>	<i>13</i>	<i>1/24/74</i>									
ESSENTIAL CLINICAL DATA <i>Q Resolution 2</i> <i>Pleural</i>					STAT. READINGS		WALK		CHAIR		STRETCHER		BEDSIDE	
REQUEST EXAMINATION OF: <i>Q A 1 Left Pleural Density</i>					READ BY: <i>W. B. Kent M.D.</i>		MAY DRESSING BE REMOVED?							

DO NOT WRITE BELOW THIS LINE FOR X-RAY USE ONLY

PA & LATERAL CHEST

1/24/74

Compared with the film of 12/1/73 there may be a slight decrease in the pleural based density in the left hemithorax. Whether this is fluid or scar or tumor I cannot say on the basis of this and previous examinations. Certainly asbestosis with or without malignant pleural effusion is a very good possibility in this patient.

J. Sutp... M.D./dk

REQUEST FOR

RADIOLOGIST

RADIOLOGIC CONSULTATION

LAWRENCE AND MEMORIAL HOSPITAL NEW LONDON, CT

J-A 27

PHILIP BARRY WADE, M.D., P.C.
275 MONTAUK AVE.
NEW LONDON, CONNECTICUT 06320
TELEPHONE 443-3295

January 30, 1974

To Whom It May Concern:

Mr. Sammie Gray has recently been hospitalized and treated for a bilateral active and old pleuritis. Treatment included thoracotomy with the findings of some chronic scarring in his lung from slowly resolving pneumonia, and some markedly thickened pleura. Despite the pleurectomy, he had some bleeding post-op and again a marked pleural reaction. He has since recovered slowly and is now about ready to return to work.

Because of his pleural disease, I do not think he should go back to any work which would involve any irritants to his lung, such as asbestos. The association between asbestos and pleural disease is so strong that I think his condition was brought on by his contact with asbestos powder. Certainly repeat exposure to this or any other industrial dust would further compromise his breathing capacity and lead to a much more severe disability.

Sincerely yours,

Philip B. Wade, M.D./mdd
Philip B. Wade, M.D.

PBW/mdd

SMOKER XX

NON-SMOKER

MEDICARE NO.

SOC. SEC. NO. 267 40 4873

J-A22
93a 2728

HOSP. INS. PL. NO.		RATE		NAME		ROOM NO.		CASE NO.	
E.B. PT. THRU W.Y.				GRAY, MR. SAMMIE L.		F327		386-299	
NAME OF INS. CO.		RESIDENCE ADDRESS		TEL. NO.		CITY		STATE	
CLK#246/32867 HOURLY		54 JEFFERSON AVE. NEW LONDON, CT.		447X-1880		SP			
JOURNAL		DATE OF BIRTH		AGE		SEX		ADM. DATE	
		JAN. 4/34		40		XX		JULY 17/74	
GROUP		INS. ASSIGN		ATTENDING DOCTOR		REFERRING DOCTOR		SERVICE	
				DR. PHILIP WADE		E.R.		SURG	
POLICY NO.		CERT. NO.		RESPONSIBLE PARTY		ADDRESS		HOME TEL. NO.	
				SELF & INS				BUSINESS TEL. NO.	
AGENCY		ADMITTING DIAGNOSIS		DATE OF BIRTH		MARITAL STATUS		CHURCH ATTENDED - RELIGION	
SELF PAY		PLEURITIS ? PULMONARY EMBOLIS		ALABAMA		X		P/NO PREFERENCE	
EMPLOYER		RACE		PLACE OF BIRTH		CHURCH ATTENDED - RELIGION		DATE OF ADM.	
E.P. CO.		X		ALABAMA		X		JUL 23 1974	
ADDRESS		NEAREST RELATIVE		ADDRESS		HOME TEL. NO.		BUSINESS TEL. NO.	
GROTON, CT.		GRAY, MRS. SADIE		SAME		WIFE			
OCCUPATION		TEL. NO.		ADMITTING OFFICER		INFORMATION GIVEN BY		DATE OF ADM.	
PIPEFITTER				C. BONANNO		WIFE & PREV ADM/CB		JUL 23 1974	
DETAILS OF ACCIDENT - PERSONS INVOLVED - ADDRESS		EMERGENCY ADMISSION		PATIENT'S MAILING ADDRESS (IF DIFFERENT THAN ABOVE)		DATE OF ADM.		DATE OF DISCH.	
SISTER: MRS. ANN STARK									
#442-0821									

FINAL DIAGNOSIS

Pulmonary & pleural
fibrosis and to
asbestosis marked.

516.2

COMPLICATIONS ARISING IN HOSPITAL

none

OPERATIONS

none

TREATMENT AND COURSE

CONSULTATIONS

Parsonage
Muller

DISCHARGE STATUS

DISCHARGED ALIVE
WITH APPROVAL
AGAINST ADVICE
TRANSFERRED

DEAD
AUTOPSY
NO AUTOPSY

SIGNATURE OF HOUSE OFFICER

SIGNATURE OF ATTENDING PHYSICIAN

94 a

NEW LONDON, CONNECTICUT
SUMMARYJoan 11
28
9
386-279

Name Gray, Samuel

Case No.

386-279

Date of Admission: July 17, 1974

Date of Discharge: July 23, 1974

Admission diagnosis: pleuritis, ? pulmonary embolus.

Final Diagnosis: Bilateral chronic pleuritis secondary to asbestosis.

This 40 y/o negro male was readmitted to the hospital because of pain in his right chest. The pain had come on suddenly and he had no vascular signs consistent with phlebitis. The pain subsided without treatment over the course of several days, friction rub which was present at the time of admission stopped.

Physical examination on admission showed poor chest expansion. A lung scan was carried out with diminution and perfusion in the left lung inferiorly where his previous surgery had been performed was recurrent pleural reaction. The finding was thought to be consistent with pulmonary volume loss and pleural effusion. There was no area of absence of perfusion where his pain and pleural reaction on the right side were. White count was 3,600, hgb. 14, hct. 43. SGOT was 37, LDH 150, SGPT was 34. Urinalysis rare white cell clumps. ECG was within normal limits. Pulmonary function tests showed marked reduction in vital capacity, forced vital capacity, residual volume, total lung capacity, forced expiratory volume at one second, maximum midexpiratory flow, maximum voluntary ventilation, maximum expiratory flow rate. There was no improvement with bronchodilators. Patient had severe restrictive and obstructive lung disease combined. In comparison to his studies in Sept. 1973 the function tests were diminished markedly. Blood gases showed slight metabolic acidosis with moderate hypoxia. The patient was seen in consultation by Dr. Pascual, medical chest specialist who concurred with the diagnosis of asbestosis and pulmonary pleural fibrosis. The patient became asymptomatic and was discharged home to office followup. Prognosis must be guarded.

The patient was discharged home on INH 100 mg. three times a day as prophylactic therapy against tuberculosis developing in the fibrotic lungs.

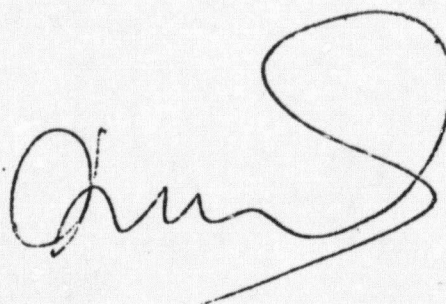
W/njr

D 8/11/74

T 8/17/74

C to Dr. Wade (2)

cc: Dr. Wade - 7-21-75



LAWRENCE AND MEMORIAL HOSPITALS
Personal History and Physical Examination

520
p395a

Name Gray, Samuel

Case No 386-229

Admitted: July 17, 1974

This 40 y/o negro male was readmitted to the hospital because of severe right chest pain. The patient had been well until the day before admission when he noticed a slight pain and then during the night it became much more severe so he was up all night unable to breathe, unable to sit down or lie down because of severe right chest pain. He had not had any leg symptoms of phlebitis and he did not cough up any blood. Chest x-ray on admission showed a marked amount of pleural reaction with a slight increase in the reaction in the right lower chest. The patient had been operated on previously because of pleural reaction in the left chest and pleurectomy was carried out and biopsy of the lower lobe pleura showed marked fibrosis. Diagnosis at that time was pulmonary asbestosis on both pleural and parenchymal secondary to industrial exposure. The patient had been told to go back to work at light duty but apparently he has been unable to work because of the shortness of breath. He was hospitalized in the interval on Dr. Schmidt's service because of a recurrent hematuria and urological workup apparently failed to reveal any urinary tract diseases.

PAST HISTORY, SYSTEM REVIEW: See old charts.

PHYSICAL EXAMINATION: The patient is a w/d, w/n, negro male in moderate acute distress complaining of pain in the right chest.

Head: Eyes - pupils react equally to L and A, round. Mouth - no exudate or ulceration.

Neck: trachea in the midline, thyroid gland not enlarged. Old scalene node biopsy scar.

Chest: decreased breath sounds bilaterally, marked dullness in the left lower chest area, poor chest wall expansion, friction rub is heard over the right lower chest in the mid-axillary line. Heart: sinus tachycardia, no murmurs.

Abdomen: no masses or organs palpable.

Rectal and genitalia: not done.

Extremities: good pulses of the wrists and ankles, no deformity.

ADMISSION DIAGNOSIS: Pleuritis, ? pulmonary embolus.

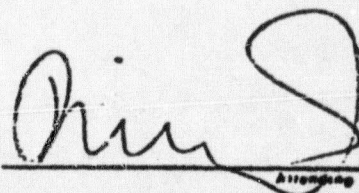
W/njr

D 8/11/74

T 8/16/74

C to Dr. Wade (1)

Approved



Attending Physician in Charge

House Officer

96 a

PHILIP BARRY WADE, M.D., P.C.
275 MONTAUX AVE.
NEW LONDON, CONNECTICUT 06320
TELEPHONE 443-3295

RECEIVED AUG 15 1974

J-A 229

28
29

August 13, 1974

Attorney Joshua M. Fiero III
81 Pennsylvania Avenue
Niantic, Connecticut

Re: Sammie L. Gray

Dear Attorney Fiero:

Enclosed, please find copies of Mr. Gray's discharge summary and physical examination. Mr. Gray was first seen by me in the Fall of 1973 in referral from Dr. Sprecace. After he had recovered from his operation sufficiently, we sent a letter to Electric Boat, a copy of which is enclosed. This stated that he would be able to go back to light duty work, but that he should not have any more contact with dust, etc. Apparently they were unable to find any employment for Mr. Gray, and he has been without compensation since that time.

He was rehospitalized again in the Spring because of recurrent bleeding. Dr. Schmidt hospitalized him at that time. He was then seen by me in the hospital in July. He had more pleural changes then. At this time he was seen in consultation with Dr. Pascual. We both agree that the patient has asbestosis and that his pulmonary function has deteriorated quite seriously, and that the prognosis certainly is not very good. I feel that the patient has a severe fibrotic condition of his lungs and pleural space brought on by his employment contact with asbestos dust. A copy of his latest discharge summary will be forwarded to you when it is available.

I hope this information is helpful to you.

Sincerely yours,

Philip B. Wade, M.D./mdd
Philip B. Wade, M.D.

PBW/mdd
Enclosures
cc Frank J. Terranova

(J-A ~~28~~
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PHILIP BARRY WADE, M. D.
278 MONTAUK AVE.
NEW LONDON, CONNECTICUT 06320
TELEPHONE 443-3295

May 28, 1975

To Whom It May Concern:

Mr. Sammie Gray was seen in the office on May 22. He has some restriction of his chest wall motion. I would think that he could do work involving lifting between 10-15 pounds, for short periods of time.

I think that he should work in an environment that has no toxic chemicals or high humidity. He certainly should have no more exposure to asbestos.

I hope this information is helpful to you.

Sincerely yours,

Philip B. Wade (mdd)
Philip B. Wade, M.D.

PBW/mdd

J-A ~~24~~
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PHILIP BARRY WADE, M.D., P.C.
275 MONTAUK AVE.
NEW LONDON, CONNECTICUT 06320
—
TELEPHONE 443-3295

September 9, 1975

Attorney Matthew Shafner
500 Bridge St. Ext.
Groton, CT 06340

RE: Sammie Gray

Dear Mr. Shafner:

Mr. Sammie Gray has been a patient of mine over the past several years. He was first seen in referral from Dr. Spracace and details of his hospital visits are available in his hospital chart.

Mr. Gray was last seen in May 1975 in the office. At that time he was supposed to be back to work and an evaluation was requested re his abilities to work. A note was sent to this affect.

Mr. Gray has asbestosis, which has caused bilateral thickening of his pleural membranes with intermittent pleural effusions. This has left him quite short of breath and he is unable to carry on anything with any strenuous exertion.

I would think that his working ability be limited to some type of guard duties, where he is able to pace himself fairly slowly. He will be able to do some desk work, but no lifting, etc. involved. Certainly he shouldn't be exposed to any dust or inhalation irritants which would aggravate his chronic lung disease.

Recent x-rays have shown a slight increase in the pleural changes, indicating the disease is probably slightly progressive, though there has been no dramatic increase in his symptomatology in the past couple of years.

I hope this information will be satisfactory. If further information is desired, please contact my office.

Sincerely yours,

Philip B. Wade, M.D.

JOINT B
1-8

99 a

April 1, 1974

General Dynamics Corporation
Electric Boat Division
Workmen's Compensation Claim Office
Eastern Point Road
Croton, Connecticut 06340

Re: Sammie L. Gray - Badge #32867

DOCKET NO. USDL OFFICIAL EXHIBIT NO. JOINT B-1
75-LHCA-521 1-8
Disposition 572 Identified ✓
Received ✓
Rejected _____
In the matter of Gray
Date 4-25 Witness _____ Reporter RB
No. Pages 7 (6+7 back to back)

Gentlemen:

I have been engaged as attorney to represent Mr. Sammie L. Gray of 88 Williams Street, New London, Connecticut, an employee of yours with Badge #32867.

My client indicates that he started work for Electric Boat Division in 1962, and that he worked in the Pipe Covering Department.

I am informed that he sustained injuries or occupational disease or other damage to his lungs or other bodily organs as a result of his contact with pipe covering materials such as asbestos, fiber glass or other harmful substances.

As a result of this damage, he has been forced to consult physicians and obtain medical services. Mr. Gray has actually undergone surgery for the removal of his left lung.

The conditions complained of were contracted in the course of employment while at work, and I therefore notify you, in his behalf, of his intention to claim, pursuant to Chapter 568 of the Workmen's Compensation Act of the Connecticut General Statutes.

Your records for this employee should show that these conditions were previously and properly reported by the employee to his supervisor or other employer's agent. I believe that these conditions were first reported in September of 1973.

Sincerely yours,

Joshua M. Fiero, III

JMF/jmo

100 a

GENERAL DYNAMICS

Electric Boat Division

Eastern Point Road, Groton, Connecticut 06340 • 203 446-5900

RECEIVED APR 17 1974

April 16, 1974

Docket No. _____

OFFICIAL EXHIBIT NO. _____

JOINT B-2

Joshua M. Fiero III, Esq.
81 Pennsylvania Avenue
Niantic, Connecticut 06357

Disposition {

Rejected _____

In the matter of _____

Date _____

Witness _____

Reporter _____

No. Pages _____

Re: Your Client: Sammie L. Gray

Dear Mr. Fiero III:

This is to confirm receipt of your letter dated April 1, 1974, indicating that you have been retained by Mr. Sammie L. Gray regarding the assertion of a Workmen's Compensation claim for injuries allegedly sustained in the course of his employment while at work.

We have referred this matter to our Workmen's Compensation claims handling offices. You may obtain further information regarding the status of Mr. Gray's claim by contacting either or both of these offices:

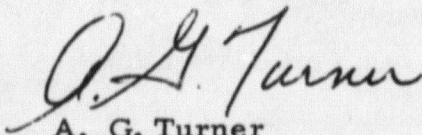
Mr. William Belenardo
Insurance Company of North America
566 Whalley Avenue
New Haven, Connecticut 06511

Mr. Kenneth Miles
Robert F. Coleman, Inc.
1289 Chapel Street
New Haven, Connecticut 06511

Any questions regarding his Group Benefits claims should be addressed directly to the Division C/O Richard Lougee, Manager of Employee Benefits.

Very truly yours,

GENERAL DYNAMICS
Electric Boat Division



A. G. Turner
Insurance Administrator

JOSHUA M. FIERO III

ATTORNEY AT LAW

61 PENNSYLVANIA AVENUE

NANTIC, CONNECTICUT 06357

TEL. 739-2031

AREA CODE 203

May 13, 1974

General Dynamics Corp.
Electric Boat Division
Insurance Department
Eastern Point Road
Groton, Connecticut 06340

Docket No. _____ OFFICIAL EXHIBIT NO. _____

Disposition

Rejected _____

In the matter _____

Date _____ Witness _____ Reporter _____

No. Pages _____

Re: Samuel L. Gray vs. General Dynamics Corp., Electric Boat Div.

Gentlemen:

Enclosed you will find the following:

1. Copy of Notice of Claim For Compensation sent to the Compensation Commissioner of the Second Congressional District.
2. Notice of Employee's Injury Or Death of the United States Department of Labor, the original of which was sent to the Office of Workmen's Compensation Programs in Boston, Massachusetts.

Very truly yours,

Joshua M. Fiero, III

JMF/jmo
Enclosures

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OMB Approval No. 44-573014

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
Office of Workmen's Compensation Programs

NOTICE OF EMPLOYEE'S
INJURY OR DEATH

LONGSHOREMEN'S AND HARBOR WORKERS' COMPENSATION ACT, AS EXTENDED

1. EMPLOYEE'S NAME (Last, first, middle) Gray, Sammie L.		2. HOME MAILING ADDRESS (No., St., City, State, Zip Code) 88 Williams Street New London, Connecticut 06320	
3. DATE OF BIRTH (Mo., day, yr.) 1/4/34	4. ☒ MALE ☐ FEMALE	5. SOCIAL SECURITY NUMBER 267-46-4873	6. HOME TELEPHONE AREA CODE 203 NUMBER 739-2031
7. NAME AND ADDRESS OF EMPLOYER (No., St., City, State, Zip Code) General Dynamics Corp. - Electric Boat Division Eastern Point Road Groton, Connecticut 06340			8. EMPLOYEE'S JOB TITLE Pipe covering worker (laging)
9. DATE OF INJURY (Mo., day, yr.) 10/15/73, Continuous	10. HOUR OF INJURY ☐ AM ☐ PM	11. PLACE WHERE INJURY OCCURRED (Indicate location) At or near the General Dynamics Corp. Electric Boat Division shipyard.	
12. NAME OF SUPERVISOR AT TIME OF INJURY Mr. Art StJean		13. DID EMPLOYEE STOP WORK DUE TO INJURY? Yes	14. IF YES, DATE STOPPED On or about 9/27/73
15. CAUSE OF INJURY (Explain in what way the injury or occupational illness was caused by employment) Inhalation, ingestion or absorption of asbestos and/or fibre glass particles during the course of and while working at employee's job.			
16. EFFECTS OF INJURY (Indicate parts of body affected or if death occurred) Pleurectomy of left lung and other internal damage and complications.			
IF REPORTING INJURY, EMPLOYEE SIGNS ITEM 17; IF REPORTING DEATH, CLAIMANT OR REPRESENTATIVE SIGNS ITEM 18			
17. I am requesting the employer named in item 7 to provide me appropriate compensation and medical care for my injury, and I hereby make claim for all benefits to which I may be entitled under the Longshoremen's and Harbor Workers' Compensation Act, as extended. _____ Signature of Employee May 13 1974 Date			
18. Request is hereby made to the employer named in item 7 to provide appropriate death benefits to the survivors of the employee named in item 1, and a claim is hereby made for those death benefits to which these survivors may be entitled under the Longshoremen's and Harbor Workers' Compensation Act, as extended. _____ Signature of Compensation Claimant or Representative of Claimant _____ Date			
19. It is certified that the notice is personally delivered to the employer named in item 7 (or his representative) and a copy is being sent to the Deputy Commissioner of the Office of Workmen's Compensation Programs by the party named in either item 17 or 18 on this date. _____ Date			

SEE REVERSE SIDE OF NOTICE FOR INSTRUCTIONS

Form LS-201
Rev. Jan. 1973

5078-5

TEL. 739-2031
AREA CODE 203

Docket No. _____ OFFICIAL EXHIBIT NO. 83

Kejec.ed

In the matter of _____

Date _____ Witness _____ Reporter _____

No. Pages

Gentlemen:

1. Original of Notice of Employee's Injury or Death.

Very truly yours,

JMF/jmo
Enclosures
Certified Mail

3. -- RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

4. 995979

5. No.

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FORM APPROVED BUDGET BUREAU NUMBER 44-8897-3

Printed by Manhattan Machinery Co., Inc.
120 East 23rd St., N.Y., N.Y. 10010
SP Form 7-0400

U.S. DEPARTMENT OF LABOR

BUREAU OF EMPLOYEES' COMPENSATION

EMPLOYER'S FIRST REPORT OF ACCIDENT OR OCCUPATIONAL ILLNESS

SEE INSTRUCTIONS ON REVERSE

LEAVE ITEMS 1 AND 2 BLANK

3. NAME OF INJURED EMPLOYEE (TYPE OR PRINT) → Sammie		MIDDLE INITIAL L.		LAST NAME Gray		1. SEC CASE NUMBER 13843-13405
5. EMPLOYEE'S ADDRESS (Number, street, city, State, zip code) 88 Williams St., New London, Conn.						2. CARRIER'S NUMBER 131-162-2154A
7. SEX ☒ MALE ☐ FEMALE	8. AGE OR DATE OF BIRTH 41		9. SOCIAL SECURITY NUMBER 267-46-4873		4. DATE OF INJURY (Month, day, year) September 1973	
10. ON DATE OF INJURY, GIVE a. HOUR BEGAN WORK AM b. HOUR OF ACCIDENT AM		c. DID EMPLOYEE STOP WORK IMMEDIATELY? ☐ YES ☒ NO		6. ACCIDENT IS BEING REPORTED UNDER THE FOLLOWING ACT (Check one, see instructions on reverse) ☒ LONGSHOREMEN'S AND HARBOUR WORKERS' COMPENSATION ACT ☐ DEFENSE BASE ACT ☐ INAPPROPRIATELY FUNDED INSTRUMENTALITIES ACT ☐ OUTER CONTINENTAL SHELF LANDS ACT ☐ DISTRICT OF COLUMBIA WORKMEN'S COMPENSATION ACT		
11. DID INJURY CAUSE LOSS OF TIME BEYOND DAY OR SHIFT OF ACCIDENT? ☐ YES ☐ NO		12. DATE AND HOUR EMPLOYEE FIRST DID NOT RETURN TO WORK		13. DATE AND HOUR PAY STOPPED		
14. DATE AND HOUR EMPLOYEE RETURNED TO WORK		15. OCCUPATION (Job title, longshoreman, welder, etc.) Lagger		16. NUMBER OF YEARS IN THIS OCCUPATION		
17. INJURED WHILE DOING SUCH WORK? ☒ YES ☐ NO (If "no" explain in item 25.)		18. YEARS IN YOUR EMPLOY 10/11/62 to 6/29/64, 12/21/64 to 4/21/67		19. NUMBER OF DAYS USUALLY WORKED PER WEEK 5		
21. WAGES OR EARNINGS (Include overtime, allowances, etc.) →		a. HOURLY RATE and 9/23/70 to present		b. YEARLY		
22. EXACT PLACE WHERE ACCIDENT OCCURRED (See instructions on reverse)						
23. NAME OF FOREMAN OR SUPERVISOR AT TIME OF ACCIDENT			24. EARLIEST DATE FOREMAN OR EMPLOYER KNEW OF ACCIDENT See item 25			

25. DESCRIBE IN FULL HOW THE ACCIDENT OCCURRED (Relate the events which resulted in the injury or occupational disease. Tell what the injured was doing at the time of the accident. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident.)

Letter dated 4/1/74 from Attorney Joshua M. Fieto, III, states "he sustained injuries or occupational disease or other damage to his lungs or other bodily organs as a result of his contact with pipe covering materials such as asbestos, fiber glass or other harmful substances."

Docket No. _____ OFFICIAL EX. NO. **JOINT B-6**File No. **246-32867**

26. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc. If there was a loss of part of the body, describe.) →		Disposition { Received _____ Rejected _____	
27. IF YOU PROVIDED OR AUTHORIZED MEDICAL ATTENTION, GIVE DATE. IF NOT, EXPLAIN WHY. Date _____ Witness _____ Reporter _____ No. Pages _____		28. DATE INSURANCE CARRIER NOTIFIED	
29. NAME OF PHYSICIAN		30. ADDRESS (Number, street, city, State, zip code)	
31. NAME OF HOSPITAL		32. ADDRESS (Number, street, city, State, zip code)	
33. NAME OF INSURANCE CARRIER Self Insured		34. ADDRESS (Number, street, city, State, zip code)	
35. NAME OF EMPLOYER (Individual or firm name) Elec. Boat Div. of Gen. Dynamics		36. ADDRESS OF REPORTING OFFICE (Number, street, city, State, zip code) Eastrn Point Rd., Groton, Conn. 06340	
37. NATURE OF EMPLOYER'S BUSINESS Submarine construction & repair		38. SIGNATURE OF PERSON AUTHORIZED TO SIGN FOR EMPLOYER <i>McKenna</i>	
39. OFFICIAL TITLE OF PERSON SIGNING THIS REPORT Medical Secretary		40. DATE OF THIS REPORT 6/11/74	

INSTRUCTIONS

This Notice is to be filed in Duplicate with the Deputy Commissioner in the local office of the Bureau of Employees' Compensation. Form to be filed within 10 days from the date of an injury or death or from date employer first has knowledge of an injury or death. Under the law all medical treatment and

compensation must be provided by the employer or his insurance company. Compensation payments shall become due and paid on the 14th day after the employer first has knowledge of the injury or death. Penalties are provided for failure to comply with provisions of the law.

REPORTABLE INJURY—Any accidental injury or death allegedly arising out of and in the course of employment, including any occupational disease or infection believed or alleged to have arisen naturally out of such employment, or as a natural or unavoidable result from such accidental injury. It includes an injury or claimed injury known or believed to have been caused by the willful act of a third party directed against an employee because of his employment.

ITEM 6—A. Longshoremen's and Harbor Workers' Compensation Act covers—employees injured while engaged in maritime employment upon the navigable waters of the United States including any dry dock and—employees injured upon the navigable waters of the United States who at the time of injury were not engaged in maritime employment but whose employer had other employees engaged in maritime employment upon the navigable waters of the United States including any dry dock.

B. Defense Base Act covers any employment (1) at military, air, and naval bases acquired by the United States from foreign countries; (2) on lands occupied or used by the United States for military or naval purposes outside the continental limits of the United States, including the United States Naval Operation Base, Guantanamo Bay, Cuba, and the Canal Zone; (3) upon any public work in any Territory or possession outside the continental United States (including the United States Naval Base, Guantanamo Bay, Cuba, and the Canal Zone) if such employment is under a contract of a contractor with the United States; (4) under a contract entered into with the United States where such contract is to be performed outside the continental United States and at places not within the areas described in (1), (2), and (3) above for the purpose of engaging in public work; (5) under certain contracts approved and financed by the United States under the Mutual Security Act of 1954, as amended; and (6) in the service of American employers, providing welfare or similar services for the benefit of the Armed Forces outside the continental United States.

C. Nonappropriated Fund Instrumentalities Act covers employees of nonappropriated fund instrumentalities of the Armed Forces, e.g. post exchanges, motion picture service, etc.

D. Outer Continental Shelf Lands Act covers employees of private employers engaged in operations conducted on the Outer Continental Shelf for the purpose of exploring for, develop-

ing, removing, or transporting by pipeline the natural resources of submerged lands.

E. District of Columbia Workmen's Compensation Act covers employees in private employment in the District of Columbia.

ITEM 20—F. Includes, among others, pile driving, harbor and waterways construction, such as breakwaters, channels, cofferdams, docks, piers, wharves, etc.

G. Any other activity not covered by Item 20, for example, delivery men, salesmen, ship chandlers, laundry men, etc.

ITEM 22—"Exact Place Where Accident Occurred" requires the nearest street address, city and town. In addition—

A. If on a vessel,
Give place on vessel where injury happened (Deck, hold, tween-deck, engine room, etc.)
Name of the vessel
Name or number of pier, dry dock, marine railway, etc.
Name of the terminal or shipyard
Nearest street address—City and State

B. If at Military or Defense Base,
Give exact place on base where injury happened
Name of base
Location of base by town and country

C. If on the Outer Continental Shelf,
Give drilling site and block number
Area name (e.g. West Delta Area)
Federal Lease Number, State Lease Number
Distance from and name of nearest land, name of State

Docket No. _____ OFFICIAL EXHIBIT NO. **JOINT 4-7**

Disposition {

Rec. 1

Rec. 2

Rejected

In the matter of _____

Date _____

Witness _____

Reporter _____

No. Pages _____

106 a

SPRING 7-0400

U.S. DEPARTMENT OF LABOR
BUREAU OF EMPLOYEES' COMPENSATION

OFFICE OF DEPUTY COMMISSIONER
Administering Longshoremen's and Harbor Workers' Compensation Act

LEAVE THIS SPACE BLANK

CASE NO.
INSURANCE
CARRIER'S NO.

131-162-2154A

NOTICE TO THE DEPUTY COMMISSIONER THAT CLAIM WILL BE CONTROVERTED
(To be submitted in duplicate to Deputy Commissioner, who will forward copy to employee)

NOTE.—This form must be completed and filed with the Deputy Commissioner on or before the 14th day after the employer has knowledge of the alleged injury or death, in all cases where the right of the injured to compensation is controverted.

1. Name of employer Electric Boat
2. Office address: Street and No. Eastern Pointe Road City or town Groton, State Conn. 06340
3. Name of injured employee Sammy L. Gray
4. Present address: Street and No. 88 Williams Street City or town New London, State Conn. 06320
5. Date of alleged injury or first illness from disease September, 1973, M.
6. Nature of alleged injury or occupational disease Lungs
7. When was notice of injury received from employer? June 12, 1974, 19
8. This case will be controverted for the following reasons (State specific reasons to be relied upon):

Injury did not arise in or out of the course of employment.

9. Do you believe that disposition of a claim in this case can be made without the necessity for formal hearing? Yes
(Yes or no)

Name of Insurance Carrier Robert F. Coleman, Inc.

Signed by

Official title Gerald A. Pavas
Staff Adjuster

Dated June 14, 1974

Form BEC-907, March 1963. (Formerly UE-307, which may be used.)

ORIGINAL

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UNITED STATES DEPARTMENT OF LABOR
Office of Administrative Law Judges

In the Matter of:

SAMMIE L. GRAY,

Claimant

against

GENERAL DYNAMICS CORPORATION,

Employer

SELF-INSURED

Carrier

Case No.

75-LHCA-571 & 572

Council Chamber
Third Floor
New London City Hall
New London, Connecticut

Thursday, September 11, 1975

The hearing in the above-entitled matter was convened
pursuant to Notice at 10:45 a.m..

BEFORE: Hon. Peter M. Geisey, Administrative Law Judge

For the Claimant:

MATTHEW SHAFNER, ESQ.,
Firm of O'Brien, Shafner, Garvey, Bartinik & Stuart
500 Bridge Street Extension
Groton, Connecticut

For the Employer-Self-Insured:

NORMAN BEANE, ESQ.
Murphy & Beane
106 State Street
Boston, Massachusetts 02109

DEC 24 1975

METROPOLITAN REPORTING SERVICE, INC.

APPEARANCES (Continued)

For the Former Carrier:

MR. DOUGLAS B. JOHNSON, ESQ.
109 Church Street
New Haven, Connecticut, on behalf of
Insurance Company of America

FRANK DALEY, ESQ.,
109 Church Street
New Haven, Connecticut on behalf of
Insurance Company of America

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OWCP DEC 24 1975

C O N T E N T SWITNESSESDIRECT CROSS REDIRECT RECROSS

SAMMIE L. GRAY

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CHARLES BALLATO

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EXHIBITSFOR IDENTIFICATIONIN EVIDENCEJoint ExhibitsA (Medical Records) A(1)
 through A(31)

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B (Letters, Forms) B(1)
 through B(8)

21

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Claimant

1 (W-2 Form 1973)

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Employer-Self-Insured/Respondent

1 Hospital Report dtd 6-20-72)

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2 (Chest Survey dtd 9-19-72)

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3 (Lung Function Test dtd
 1-9-73)

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4 (Chest Survey dtd 9-14-71)

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MATERIAL TO BE FURNISHED

Late-filed Joint Exhibit by Mr. Beane

Page 6

Deposition of Dr. Wade by Mr. Beane

Page 67

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P R O C E E D I N G S

JUDGE GEISEY: On the record, Gentlemen.

We are opening the hearing in the matter of Sammie L. Gray and The General Dynamics, Self-Insured. Now, it is my understanding that the Carrier, immediately preceding the Self-Insured status of Respondent General Dynamics, is also represented. I would appreciate it if all three of you Gentlemen would put your appearances on the record.

MR. SHAFNER: On behalf of the Claimant, Matthew Shafner of O'Brien, Shafner, Garvey, Bartinik and Stuart, 500 Bridge Street Extension, Groton, Connecticut.

MR. JOHNSON: Douglas B. Johnson, 109 Church Street, New Haven representing the Insurance Company of North America. Associated with me is Attorney Frank Daley, 205 Church Street, New Haven.

MR. BEANE: Norman Beane, 106 State Street, Boston, 02109, representing the Electric Boat Company.

JUDGE GEISEY: Mr. Daley, you are associated with Mr. Johnson?

MR. DALEY: That is correct, Your Honor.

JUDGE GEISEY: All right, sir.

MR. DALEY: Frank W. Daley, 205 Church Street.

JUDGE GEISEY: What is your first name, sir?

MR. DALEY: Frank W. Daley, 205 Church Street, New Haven.

1 JUDGE GEISEY: Now, so that the record will be clear,
2 Mr. Johnson and Mr. Daley represent the Insurance Company of
3 North American which was the carrier for General Dynamics until
4 what time?

5 MR. JOHNSON: April 1st, 1973.

6 JUDGE GEISEY: Thank you ,sir. Do we have any
7 stipulations to put on the record at this time?

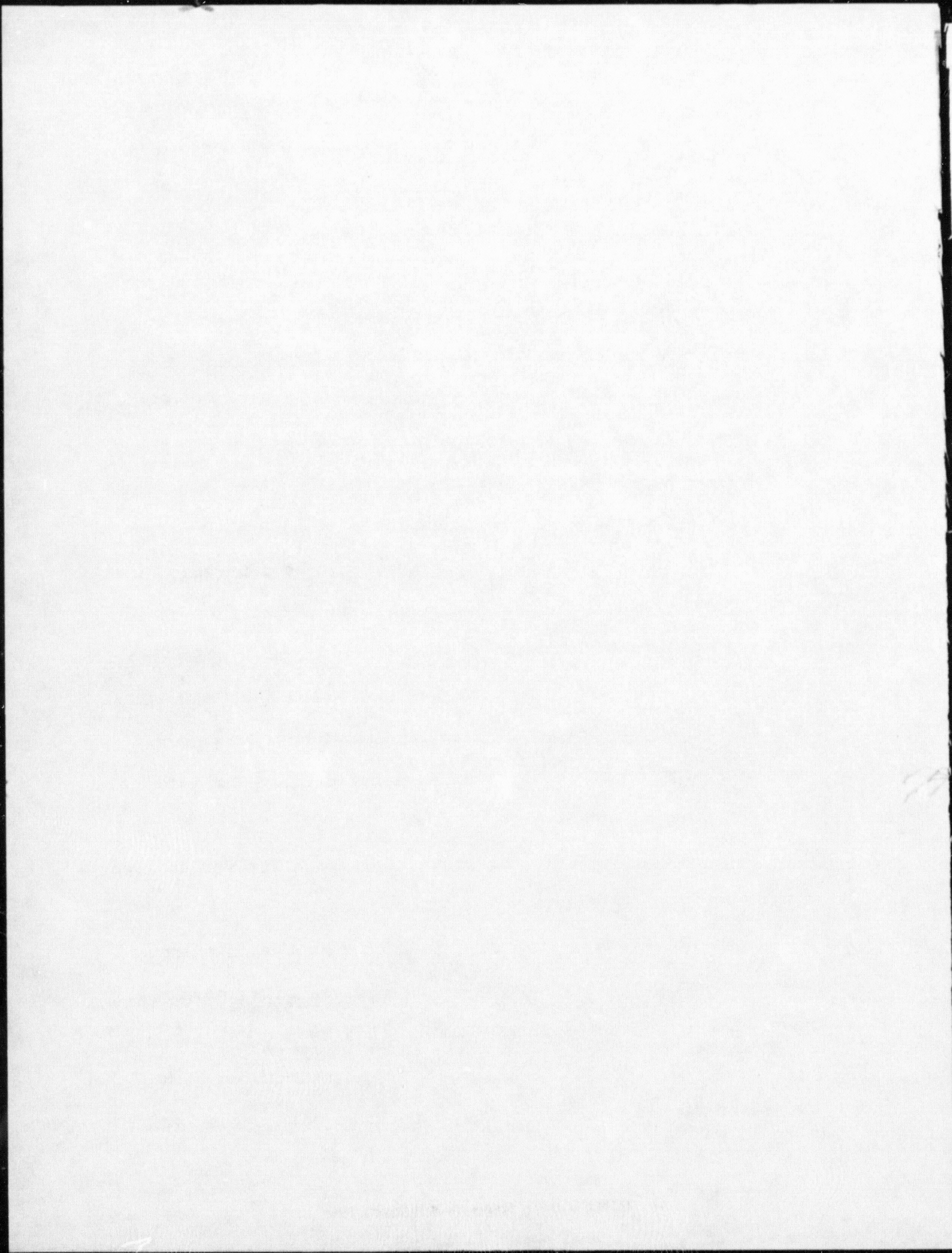
8 MR. SHAFNER: Yes, I gather that the basic ones would
9 be that this case is within the jurisdiction of the
10 Longshoremen and Harbor Worker's Compensation Act; that the
11 Claimant Sammie L. Gray was an employee of General Dynamics
12 during all pertinent times. Further, that he contracted the
13 occupation disease of asbestosis; that as a result of that
14 contracture of that disease he has had numerous hospitalizations
15 and medical care and attention, none of which have been paid
16 for by either the former Carrier or Self-Insured/Employer.
17 Further, that he has been totally disabled since September 27th,
18 1973 to the present time --

19 JUDGE GEISEY: Mr. Beane, I'm expecting you to speak
20 up on --

21 MR. BEANE: I would object to a number of things
22 here. First of all, we don't -- the medical bills have mostly
23 been paid by another source. I mean this is not --

24 MR. SHAFNER: Well, that has nothing to do with either
25 Mr. Beane or his Employer. They have been paid by a Group

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1 Insurance Carrier. Some of them have been paid, not all. So,
2 I think that properly I should ---

3 MR. BEANE: Well, I don't think the bills are in
4 issue at this point because if there was liability the bills
5 would be paid obviously.

6 Secondly, we --

7 MR. SHAFNER: But again, we are in agreement that
8 the bills have not been paid by --

9 JUDGE GEISEY: Mr. Beane is not disputing that.
10 Sometimes there is a kind of an emotional issue as to whether
11 the bills have been paid at all. They have been paid and
12 whoever has paid the bills will be reimbursed by whichever
13 party is found liable, I would presume.

14 MR. SHAFNER: But not all of them have been paid by
15 the Group Carrier.

16 JUDGE GEISEY: I see, I see. There are some still
17 pending?

18 MR. SHAFNER: There's some pending, there are some
19 law suits and there are some deductibles which were never paid
20 by Insurer.

21 MR. BEANE: Well, we don't seem to agree on an
22 average wage here. We have a wage schedule which my Brother
23 contends is not accurate and while he -- he doesn't contend
24 it is not accurate, I'm sorry. He contends that his man had
25 a higher earning capacity than is actually reflected by the

1 Wage Schedule. And his theory is that he lost some time
2 because of this illness which of course, if true, he would be
3 entitled to a larger figure. We don't seem to be able to
4 determine that at the present time. So, I guess that would be
5 an issue.

6 And the basic issue is going to be whether the
7 Disability after September of 1973 is chargeable to Electric
8 Boat or General Dynamics as the Self-Insurer because it is
9 related to something that happened to him at work from April
10 1st '73 until the time he stopped working in September. Or
11 whether it is due to an exposure that he had prior to April 1st
12 of 1973 while General Dynamics was not the Insurer.

13 Can we agree on that? Is that the basic issue at
14 this point?

15 MR. JOHNSON: That is what is in issue, yes.

16 MR. BEANE: Well, is there anything else that we
17 should agree on at this point?

18 MR. SHAFNER: Yes, there would be one further thing.
19 I represent Mr. Gray but prior to my representing him sometime
20 this Summer, Mr. Gray was represented by Attorney Joshua L.
21 Fiero, III of Niantic, Connecticut and there will be a bill
22 submitted on his behalf for all the work that he spent on the
23 case. They may dispute the amount but I'm sure not the fact
24 that he was the Attorney representing the Claimant at that
25 time.

1 during that period of time. And we will submit testimony as
2 to what those wages should be.

3 JUDGE GEISEY: This will be in testimonial form?

4 MR. SHAFNER: Yes, sir.

5 JUDGE GEISEY: All right, sir. Now, we have a
6 confused record at this point, Gentlemen. We have Mr. Shafner's
7 statement as to what the stipulations are and with all
8 apologies, Mr. Shafner, I believe that about the time I
9 stopped you, you had mis-spoken yourself and had -- were getting
10 very close to it if you didn't actually say that there was a
11 stipulation as to disability. And a stipulation as to the
12 cause of the disability. Mr. Beane, is that correct, or
13 incorrect?

14 MR. BEANE: There is a stipulation as to the cause
15 of his disability. That issue would be, there is a stipulation
16 that his disability is due to an industrial disease, to wit,
17 asbestosis. And I think an issue would be the extent of the
18 disability during the period of time from September of '73 up
19 until the present time. Whether it be total or partial.

20 JUDGE GEISEY: All right, so that issue is the extent
21 of the disability but not the fact of the disability?

22 MR. BEANE: Yes, sir.

23 JUDGE GEISEY: Either permanent/partial or permanent/
24 total.

25 MR. BEANE: Permanent/partial, right.

1 JUDGE GEISEY: All right, so far I'm trying to
2 unravel the question of stipulation. You have stipulated to
3 jurisdiction, there is not any question as to that?

4 MR. BEANE: No question concerning that, sir.

5 JUDGE GEISEY: You will stipulate to the fact of
6 asbestosis as a condition?

7 MR. BEANE: Right.

8 JUDGE GEISEY: There is no medical evidence problem
9 there? You will not stipulate and are at issue as to the
10 extent of disability?

11 MR. BEANE: That's correct.

12 JUDGE GEISEY: But the fact of the disability is
13 not disputed?

14 MR. BEANE: Right.

15 JUDGE GEISEY: The Average Weekly Wage is to come.
16 And will not be stipulated. So, I understand that's as far as
17 we can go at this point.

18 MR. SHAFNER: I would -- if Your Honor, wants some
19 other things that I think will be coming up and probably will
20 not be agreed to, is under Section 10, Interest Payments,
21 Interest on Late Payments, due to Mr. Gray. I assume that they
22 won't be stipulated to.

23 JUDGE GEISEY: You're not going to call for a penalty
24 are you?

25 MR. SHAFNER: Yes, sir.

1 MR. BEANE: I won't dispute the award for interest.
2 And I'm sure Mr. Johnson will not either. Can I quote you on
3 that?

4 MR. JOHNSON: Right.

5 JUDGE GEISEY: Thank you, Mr. Beane.

6 All right, are there any other matters before we
7 call -- what do we have one witness, Mr. Shafner?

8 MR. SHAFNER: Well, there would be two. Mr. Gray,
9 very briefly and then the Union Steward.

10 JUDGE GEISEY: All right, sir, that's in connection
11 with the average weekly wage?

12 MR. SHAFNER: Yes, sir.

13 JUDGE GEISEY: Excuse me, would you -- Mr. Shafner,
14 would you get together with Mr. Beane.

15 MR. SHAFNER: I've already exchanged copies with Mr.
16 Beane and Mr. Johnson.

17 JUDGE GEISEY: Fine, fine.

18 MR. BEANE: I think we're agreeable to having these
19 exhibits go in.

20 JUDGE GEISEY: Do you want them to be Joint Exhibits?

21 MR. BEANE: Fine, with me.

22 JUDGE GEISEY: All right, let's make them Joint
23 Exhibits if you are in agreement as to -- they are documents
24 that have to do with the Employment?

25 MR. SHAFNER: These are medical records.

1 MR. JOHNSON: Are these going to be one exhibit of
2 so many pages or --

3 MR. BEANE: They are all dated, so --

4 JUDGE GEISEY: Off the record.

5 (Discussion off the record.)

6 JUDGE GEISEY: On the record.

7 Joint Exhibit Number 1, submitted by Counsel --
8 Joint Exhibit A, we have agreed to call it, consists of 31
9 pages of medical records and it is received into evidence at
10 this time.

11 MR. SHAFNER: I've got 37 pages.

12 MR. BEANE: I also have 37 pages.

13 JUDGE GEISEY: Off the record.

14 (Discussion off the record.)

15 JUDGE GEISEY: On the record, Gentlemen. There seems
16 to be a little confusion about the Joint Exhibit A.

17 Joint Exhibit A consists of 31 documents, all being
18 medical records and which constitute in all, 37 pages. They
19 are marked for purposes of identification as Joint Exhibit A
20 (1) through (31) and they are received at this time.

21 (Whereupon, the documents were
22 marked Joint Exhibit A (1) thru
23 (31), for identification and
24 received in evidence.)

25 JUDGE GEISEY: Mr. Beane?

MR. BEANE: May we go off the record again, Your
Honor?

1 JUDGE GEISEY: Off the record.

2 (Discussion off the record.)

3 JUDGE GEISEY: On the record.

4 Now, are there further exhibits, sir?

5 MR. SHAFNER: Yes, sir.

6 JUDGE GEISEY: Will this be a Joint Exhibit? Are
7 you familiar with this one Mr. Beane? The First Page of this
8 is a letter from Joshua M. Fiero, III, Esquire, to General
9 Dynamics. A series of letters; a 201; a 202; and a 207. Are
10 you familiar with that Mr. Beane?

11 MR. BEANE: I'm perfectly agreeable to having those
12 admitted.

13 JUDGE GEISEY: All right, sir. This will be a
14 Joint Exhibit B consisting of 7 pages and marked for identifi-
15 cation as B(1) through (7), a number of letters together with
16 Notice, Claim and miscellaneous documents having to do with
17 this case. All of which are stipulated to being authentic,
18 is that correct, Mr. Beane? There is not question as to --

19 MR. BEANE: Well, I have 8.

20 JUDGE GEISEY: You have 8?

21 MR. BEANE: That's right.

22 JUDGE GEISEY: Well, you've got one more than I've
23 got, sir.

24 MR. BEANE: Well, I wonder -- you've got the back
25 side of some form here which I don't think is anything pertinent

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really?

MR. SHAFNER: Oh, yes it is.

JUDGE GEISEY: Oh, I see.

MR. SHAFNER: It's the Deputy Commissioner's --

JUDGE GEISEY: Well, that's convenient. Will everybody kindly mark their separate page because it is on the back of the document which has been placed in evidence. It is a single sheet of paper but it is printed on both sides, and still as to pages, it's Exhibits (1) through (8), the back side of Exhibit 6 is Exhibit B(7), and B(8) is the 207 and they are received in evidence at this time.

(Whereupon, the documents were marked Joint Exhibits B (1) through (8), for identification and were received in evidence.)

MR. BEANE: Can we agree that the date is June 13th, 1974?

JUDGE GEISEY: That's what I read on B(6).

MR. BEANE: On may copy -- I thought for a moment, it was January.

JUDGE GEISEY: Yes, sir, B(7), yes.

All right, are there any other exhibits?

MR. BEANE: Yes, sir, we have two exhibits which are part of the General Dynamics Clinic. I think I have shown both of these to my Brother.

MR. SHAFNER: I've seen them, I think -- no I --

MR. JOHNSON: are these your exhibits?

1 (Counsel for the Claimant examines the documents)

2 JUDGE GEISEY: Mr. Shafner?

3 MR. SHAFNER: I've never seen them.

4 JUDGE GEISEY: I figured that.

5 MR. SHAFNER: I have no objection.

6 MR. JOHNSON: No objection.

7 JUDGE GEISEY: Respondent's 1 and 2 --

8 MR. SHAFNER: I thought we would get copies of
9 anything that were introduced into evidence.

10 JUDGE GEISEY: I'm sure Mr. Beane will provide you
11 with the copies.

12 MR. BEANE: We will provide them.

13 MR. SHAFNER: Do you have the dates and various
14 incidentals?

15 JUDGE GEISEY: Respondent's 1 and 2 being --
16 Respondent's 1 being a Hospital Visit report, dated June 20th,
17 1972. Respondent's Number 2, being a sheet saying, headed,
18 Chest Survey, dated September 19th, 1972. Is that 1972? It
19 seems to be smudged.

20 MR. BEANE: 1972?

21 JUDGE GEISEY: Yes, sir.

22 MR. BEANE: That is --

23 MR. SHAFNER: These are being offered as full
24 exhibits for all purposes?

25 JUDGE GEISEY: And they are admitted without objection,

is that correct, Mr. Shafner?

MR. SHAFNER: No objection on my part.

JUDGE GEISEY: This is Respondent's 1 and 2 --

MR. SHAFNER: That's General Dynamics, they are the Respondent?

JUDGE GEISEY: Yes, it is important to make that distinction.

(Whereupon, the documents were marked Respondent's No. 1 and No. 2, for the purposes of identification and were received respectively into evidence.)

Is there anything else in the Exhibit line?

MR. BEANE: There is one other Exhibit which is a test that was performed January 19th of '73 on Mr. Gray at the Clinic.

JUDGE GEISEY: A Report of a Clinical Finding?

MR. BEANE: Yes.

MR. SHAFNER: I have no objection to this.

JUDGE GEISEY: Mr. Johnson?

MR. JOHNSON: It's a Chest Survey.

JUDGE GEISEY: Another Chest Survey?

MR. JOHNSON: Another Chest Survey performed on all asbestos workers, evidently. And this was performed on 9-14-71. I don't see what value that has because it makes no diagnosis or anything else.

JUDGE GEISEY: Well, let's go along with Mr. Beane.

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1 MR. BEANE: This is -- I don't think it means very
2 much to anybody but it does mean something to doctors. It's
3 a Lung Function test that was performed on January 9th, 1973.

4 MR. JOHNSON: Is that another one?

5 JUDGE GEISEY: All right, Respondent General Dynamics
6 Exhibit Number 3, is a Report of a Pulmonary Function Study
7 or Pulmonary Function Studies dated January 9, 1973.

8 (Whereupon, the document was marked
9 Respondent's Exhibit No. 3, for
identification.)

10 May we go off the record for a moment?

11 (Off the record.)

12 (Discussion off the record.)

13 JUDGE GEISEY: On the record. Respondent's Number
14 3, having been previously identified is admitted without
15 objection, is that correct Mr. Shafner?

16 MR. SHAFNER: That's correct.

17 (Whereupon, the document hereto-
18 for marked Respondent's Exhibit
No. 3, for identification was
received in evidence.)

19 MR. BEANE: And there is one further exhibit and this
20 is a Chest Survey that was done in September of 1971 which at
21 that time was negative.

22 JUDGE GEISEY: Offered in evidence at this time is
23 Respondent General Dynamics Exhibit No. 4, which is another
24 form report, Chest Survey, dated September 14th, 1971.
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MR. BEANE: That's correct.

JUDGE GEISEY: And it's admitted without objection.

MR. SHAFNER: No objection.

(Whereupon, the document was
marked Respondent's Exhibit No.
4, for identification and was
received in evidence.)

JUDGE GEISEY: Mr. Beane?

MR. BEANE: I have no further exhibits at this time,
Your Honor.

JUDGE GEISEY: Thank you, Mr. Beane.

MR. SHAFNER: I have no further exhibits to submit
at this time but at the end of the case I would like to submit
Attorney's -- Attorney Fiero's documentation of his bill.

JUDGE GEISEY: Mr. Shafner, it would please me if
you would offer that along with your brief.

MR. SHAFNER: Okay.

JUDGE GEISEY: Together with an explanation of the
circumstances.

MR. SHAFNER: Could I mention one thing, though? In
regard to either his bill or what my bill may be or my -- that
this is the first case that we are aware of in which the --
this Employer has ever admitted or agreed to pay a case
involving asbestosis or any asbestos-related disease. And I
don't think there will be any question as to that. So, it is
a very new think for everybody here involved, down here. I

1 don't know about the Employer. But as far as Claimant goes,
2 it is brand new. And this is the first case that's ever been
3 -- that's ever come up, as far as I know.

4 MR. BEANE: We haven't agreed to pay, yet.

5 MR. SHAFNER: I understand. But it may seem rather
6 simple a case to Your Honor, in view of your past experience
7 of cases but it's rather unique in this area.

8 JUDGE GEISEY: We'll bear that in mind.

9 If you wish to call your witness now, Mr. Shafner?

10 MR. SHAFNER: Yes. We call Sammie Gray.

11 JUDGE GEISEY: Our Reporter, Mr. Brown has set up a
12 chair over here. Are you Mr. Gray?

13 MR. GRAY: I'm Mr. Gray.

14 JUDGE GEISEY: All right, sit down, Mr. Gray.

15 Earlier in the hearing there was some question about
16 the deposition of a physician. Now, Mr. Shafner, what is your
17 position on that at this point?

18 MR. SHAFNER: Well, for the first time, this morning
19 I have seen the reports of this Doctor who is expected to be
20 deposed and I think I would object to it, for the record.

21 JUDGE GEISEY: What's your basis?

22 MR. SHAFNER: That they have had two years in which
23 to develop testimony, get reports, medical reports right here
24 from this Doctor. And I just don't see any need to prolong
25 the case any further than it's already been. Mr. Gray has been --

1 JUDGE GEISEY: I understand and I'm sympathetic to
2 that but I'm very unwilling to penalize the Counsel and his
3 client at this point for errors in -- errors of omission
4 that are traced to other persons. You can understand that?

5 MR SHAFNER: I certainly can.

6 JUDGE GEISEY: And I would look favorable upon the
7 submission of this document, of this deposition and I would
8 hope that you would agree to it.

9 MR. SHAFNER: Could we obtain some agreement that
10 Mr. Gray be, perhaps, paid some compensation in the meantime.
11 That belongs in another month -- that deposition.

12 JUDGE GEISEY: Well --

13 MR. SHAFNER: I've never received notice of the
14 deposition, by the way. I gather that he is tentatively
15 scheduled for October 9.

16 MR. BEANE: We'll agree to pay compensation to Mr.
17 Gray subject to reimbursement between the parties here.

18 MR. SHAFNER: That's not --

19 MR. BEANE: I told My Brother this morning that we
20 would do this and I finally agreed to -- I thought he agreed
21 to depose Doctor Gainsworth (phonetic).

22 MR. SHAFNER: When will that begin?

23 MR. BEANE: A day or two or a week, whatever it takes
24 to clear the thing and so forth.

25 MR. SHAFNER: I have no objection to a deposition.

JUDGE GEISEY: All right, Mr. Shafner, thank you.

Mr. Gray.

Whereupon,

SAMMIE GRAY

was called as a witness and, having been first duly sworn, was examined and testified as follows:

DIRECT EXAMINATION

BY MR. SHAFNER:

Q Mr. Gray, will you try and keep your voice up?

A Yes, sir.

Q How old are you?

A 41.

Q Would you state your full name for the Reporter?

A My name is Sammie L. Gray.

Q How do you spell your first name?

A S-a-m-m-i-e.

Q And you are the Claimant in this case?

A That's right.

Q How old are you again?

A 41.

Q When was your date of birth?

A January 4th, 1934.

Q And where were you born?

A Alabama.

Q Where?

A Alabama.

1 Q And did you go to school there?

2 A No, I didn't.

3 Q Where did you go to school?

4 A Apopka, Florida.

5 Q Where?

6 A Apopka, Florida.

7 Q Is that A-p-o-p-k-a?

8 A That's right.

9 Q Whereabouts is that in Florida?

10 A That's in -- well, to the best of my knowledge, it's
11 about 18 miles from Orlando, Florida, to the best of my
12 knowledge.

13 Q Did you go to school there?

14 A In Apopka, yes.

15 Q How many years did you go to school?

16 A Oh, about -- well, I made it to the 6th grade, I got
17 promoted to the 6th.

18 Q Sixth. And then did you leave school?

19 A Yes, I did.

20 Q And why was that?

21 A Well, to help my mother and father with the kids.

22 Q You had some brothers and sisters?

23 A That's right.

24 Q Could you tell us how many?

25 A I have ten brothers besides myself and eleven sisters.

1 Q Is that the reason you left school then?

2 A That's right.

3 Q And when you left school, approximately how old were
4 you?

5 A I'd say about 14, maybe.

6 Q What did you do then?

7 A I'd do Grove Work.

8 Q Grove? What kind of groves are down there?

9 A Fruits, citrus fruits.

10 Q Citrus fruits?

11 A Right.

12 Q And you worked in the groves there?

13 A That's right.

14 Q What kind of work did you do in the groves?

15 A I drove tractors, pulled grass and pruned trees.

16 Q How many years did you work in the groves in Florida?

17 A Well, up and down till I was about 19 years old, I
18 guess.

19 Q And then where did you go?

20 A Back to Alabama on the farm.

21 Q Back to Alabama?

22 A Right.

23 Q To the farm?

24 A That's right.

25 Q What farm was there in Alabama?

1 A Cotton, peanuts and corn.

2 Q So you did farming back in Alabama?

3 A Right.

4 Q And what kind of actual farm work did you do in these
5 farms?

6 A Mostly I pulled grass out of things.

7 Q And how long did you farm in Alabama?

8 A Not too long. I left there in '56.

9 Q Until about '56?

10 A Right.

11 Q And what did you do then?

12 A Then I came to New Jersey.

13 Q And what did you do in New Jersey?

14 A I worked at the Ambassador for Senior Citizens.

15 Q The Ambassador --

16 A Hotel.

17 Q And that's for Senior Citizens?

18 A That's right.

19 Q What kind of work did you do at this hotel?

20 A Well, elevator operator and maintenance.

21 JUDGE GEISEY: Counsel and Mr. Gray -- Mr. Gray would
22 you keep your voice up. The Reporter is using a recording, an
23 electronic recording device and there is a great deal of back-
24 ground noise and it would be necessary for you to speak up,
25 speak out and keep the volume up.

1 BY MR. SHAFNER:

2 Q The Reporter also wants you to stand closer, Mr. Gray
3 but try to keep your voice up. How long did you work at the
4 Ambassador Hotel as a Maintenance Man?

5 A About two years.

6 Q How many?

7 A About two.

8 Q And when did you leave there?

9 A I -- it's hard to tell what the dates are. I'm not --

10 Q When you left there, where did you go?

11 A I went to Kessler's Chicken Farm.

12 Q To where?

13 A Kessler's Chicken Farm.

14 Q What did you do on the chicken farm?

15 A Well, I don't know how you pronounce it but I call it
16 executing chickens. That's what I call it, I don't know.

17 Q And how long were you there?

18 A Not too long. About a month or so.

19 Q Did there come a time when you came to work at
20 General Dynamics?

21 A Yes, sir.

22 Q And when was that?

23 A In 1962.

24 Q '62?

25 A 1962.

1 Q And what was your job when you first came to work
2 there?

3 A Pipe coverer.

4 Q Pipe coverer?

5 A Right.

6 Q And what did you cover the pipes with?

7 A Asbestos.

8 Q And for how many years were you involved with pipe
9 covering?

10 A Well, from '62 to '67-'68 when I first had a lay off.

11 Q You were laid off then?

12 A Right.

13 Q And what did you do with -- what did you do when you
14 were laid off?

15 A Oh, I went back to the Senior Citizens.

16 Q To the Ambassador Hotel?

17 A Right.

18 Q And was that the same type of work?

19 A That's right.

20 Q And did you do any --

21 JUDGE GEISEY: The same type of work as what?

22 MR. SHAFNER: The same type of work as you did at
23 the Ambassador Hotel originally.

24 JUDGE GEISEY: He wasn't covering pipes at the
25 Ambassador?

1 THE WITNESS: No.

2 BY MR. SHAFNER:

3 Q Okay, and how long did you stay there?

4 A About three, three and a half years, three years.

5 Q And then did you come back to work at Electric Boat?

6 A Yes, I did.

7 Q Now, is Electric Boat, is that a Division of General
8 Dynamics?

9 A Yes.

10 MR. BEANE: Objection.

11 JUDGE GEISEY: Sustained.

12 MR. BEANE: I don't think it's in issue is it?
13 We have agreed that he is an employee. I don't think that --

14 MR. SHAFNER: I've used the term interchangeably.

15 JUDGE GEISEY: We've got no problem.

16 BY MR. SHAFNER:

17 Q So you came back to work at Electric Boat about
18 when?

19 A Well, I'd been -- I've been about -- I've been back
20 there about three years now.

21 Q That would make it about 1970?

22 A That's it.

23 Q And you worked -- and what did you do when you
24 returned to work there?

25 A Still went back as a pipe coverer.

1 Q Pipe coverer?

2 A Right.

3 Q Same type of work?

4 A Same type of work.

5 Q During your years at Electric Boat, did they give you
6 any special schooling or training?

7 A None.

8 Q How did you learn to be a pipe coverer?

9 A Well, I'd be with -- they sent me with a mechanic
10 and he showed me how to do it.

11 Q So as you worked you learned the trade?

12 A Right.

13 Q Did you have any other kind of schooling or special
14 training?

15 A None from E.B..

16 Q And did you do this kind of work until you left
17 there?

18 A That's right.

19 Q And when did you leave there?

20 A 1973.

21 Q When?

22 A 1973.

23 Q Would that be sir, September?

24 A That's right.

25 Q September 27th, was your last day of work?

1 A I guess so. There's so many dates, I can't --

2 Q Since that time, have you worked any other place?

3 A No.

4 Q Since September 1973?

5 A Well, none, as far as I know.

6 Q Have you tried to get other jobs?

7 A Yes, I have.

8 Q What kind of other jobs?

9 A I tried to drive school buses, I couldn't do that.

10 Q Why not?

11 A On account of my shortness of breath, too risky for
12 the kids.

13 Q What other jobs?

14 A I tried to construction work. It was too heavy for
15 me.

16 Q What else have you tried?

17 A I've been in the Employment Office and they always
18 turned me down.

19 Q Have you -- did the Doctor say you could do any kind
20 of work?

21 MR. BEANE: Objection.

22 THE WITNESS: He told me to try, if I could.

23 JUDGE GEISEY: That's sustained.

24 Mr. Gray, when you hear that Gentleman object, I
25 would appreciate it if you would just wait until I rule on his

1 objection.

2 I would sustain that Counsel but I am interested
3 particularly in your developing the information that you are
4 going into right now.

5 MR. SHAFNER: It's a matter of record already, Your
6 Honor, a matter of medical record, Your Honor.

7 JUDGE GEISEY: Sure. And one thing that I don't have
8 and I think is relevant here, I don't remember your having
9 asked Mr. Gray about his education, his formal education. Did
10 you and it's something I missed?

11 MR. SHAFNER: He went to 6th Grade, Your Honor.

12 JUDGE GEISEY: All right, thank you.

13 BY MR. SHAFNER:

14 Q Did you have any other formal education, in the --
15 beyond the 6th Grade?

16 A None.

17 Q And that was all in Florida?

18 A That's right.

19 Q Now, did there come a time, after September of 1973
20 when you attempted to return to work at Electric Boat?

21 A Yes, I have.

22 Q And did you get a slip from the Doctor at that time?

23 A Yes, I did.

24 Q And is that one of the papers that is on exhibit in
25 this case?

1 A Yes.

2 MR. BEANE: Objection. I don't know how he'd know
3 that.

4 JUDGE GEISEY: He doesn't know it. Mr. Gray, excuse
5 me -- excuse me Counsel.

6 Mr. Gray, when you attempted -- you just testified
7 you attempted to go back to work for Electric Boat Company.
8 When you did so, were you given an examination of some sort?

9 THE WITNESS: From Doctor Wade, yes.

10 JUDGE GEISEY: Yes. He was the Doctor that examined
11 you?

12 THE WITNESS: Yes.

13 JUDGE GEISEY: And what was the result of that
14 examination as far as your employment was concerned?

15 THE WITNESS: Well, he told me I could go back to
16 work if I stayed on the medicine.

17 JUDGE GEISEY: He told you, you could go back to work
18 if you stayed on the medicine?

19 THE WITNESS: Right.

20 JUDGE GEISEY: Continue Counsel.

21 BY MR. SHAFNER:

22 Q Did he say anything else in regard to the type of
23 work you could do or that you couldn't do?

24 A Yes.

25 Q And would you tell His Honor what that was?

1 A Well, he said I couldn't go back in the same job.
2 And no dust or smoke or fumes and humidity and height and
3 standing and short periods of time and rest periods.

4 Q And with that, did he give you a note to the effect
5 of what you just testified to?

6 A Yes, he did.

7 Q And did you bring it over to General Dynamics?

8 A Yes, I did.

9 Q And what happened when you brought it over there?

10 A They told me according to the letter I had --

11 MR. BEANE: Objection.

12 JUDGE GEISEY: Sustained.

13 Did you get the job, Mr. Gray?

14 THE WITNESS: I didn't.

15 BY MR. SHAFNER:

16 Q How many times have you been back to General Dynamics
17 since September 1973?

18 A Oh, about 8 or 10 times probably.

19 Q How many people work at General Dynamics?

20 A Oh, about 16,000 or more.

21 MR. BEANE: Objection.

22 JUDGE GEISEY: That's -- unless you want to qualify
23 this chap as an expert, you -- we're in trouble.

24 MR. SHAFNER: Well, it's quite well known --

25 JUDGE GEISEY: Common knowledge?

1 MR. SHAFNER: Sure, yes. They are the largest
2 employer in Eastern Connecticut .

3 JUDGE GEISEY: Well, I don't see what that has to do
4 with whether they are going to hire Mr. Gray or not but go on.

5 MR. SHAFNER: Well, if he can't get a job there, he
6 can't get one anywhere. That's frequently the test as you --

7 JUDGE GEISEY: Yes, yes, that's relevant.

8 BY MR. SHAFNER:

9 Q Well, in any event, you've been there several times?

10 A Right.

11 Q And each time, they couldn't find anything for you?

12 A That's right.

13 Q Have you tried other place, tried to find other types
14 of work?

15 A I tried to find work, right.

16 Q And how many different places do you think you've
17 been to over the last two years?

18 A Well, not too many.

19 Q Have you been to the Local Employment, the State
20 Employment Service?

21 A That's right.

22 Q And you've registered for work there?

23 A That's right.

24 Q And is there anything that you've been able to find
25 that you could do?

A Not yet.

Q What's your condition now, Mr. Gray, with respect to breathing and activities?

MR. BEANE: Objection.

JUDGE GEISEY: What do you want an opinion, now?

MR. SHAFNER: Not, no, not opinion at all, a fact. What he can do and what he can't do and how it affects him. It affects his ability to find employment, his earning capacity.

MR. BEANE: I think this calls for medical testimony.

JUDGE GEISEY: I think that Mr. Beane is correct to the extent that -- well --

EXAMINATION

BY JUDGE GEISEY:

Q Mr. Gray, what do you during the daytime?

A Mostly, I do what I can do around the house.

Q Do you say you do any heavy work?

A No, sir, I can't.

Q Lifting?

A None.

Q Pulling?

A None.

Q Tugging?

A None.

Q You don't do any heavy work?

A No.

1 A Not at this time.

2 Q Now, Mr. Gray, do you recall being sick in the
3 Spring of 1973?

4 A Yes, I recall.

5 Q And you were out of work for six or eight weeks,
6 were you, starting in March of 1973?

7 A I'm not sure. I'm not sure on that one.

8 Q Well, the Company records show that you were -- you
9 went out ill on March 20th of 1973 and came back on the 1st
10 of May, you would agree that was the period you were out?

11 A I suppose so.

12 Q And at that time, you had some trouble with your
13 chest, did you not?

14 A Yes, I did.

15 Q And you were having some trouble with your nose and
16 your throat?

17 A That's right.

18 Q And, in September of 1972 -- strike that.

19 Did the Company X-ray your chest about every year or
20 thereabouts?

21 A Yes, I think they did.

22 Q And do you recall being x-rayed in September of 1972?

23 A At the Lawrence Memorial Hospital.

24 Q Well, these x-rays were taken at the request of the
25 Company, is that correct?

1 A Not that I know of.

2 Q Well, weren't you x-rayed a year before you stopped
3 working?

4 A (No response)

5 JUDGE GEISEY: We've already got an objection.
6 Counsel has allowed us -- allowed that to be entered without
7 objection. I think we have that on the record. He was x-rayed,
8 at least there's an x-ray report.

9 BY MR. BEANE:

10 Q Were you advised that sometime before you stopped
11 working that you had an abnormal chest x-ray?

12 A Not that I know of.

13 Q You don't recall being told that?

14 A No.

15 Q I see. Okay, now do you remember being dizzy in
16 June of 1972?

17 A Yes, I do.

18 Q And you lost some time at that time?

19 A That's right.

20 Q And do you remember how long, how long you were out
21 of work?

22 A I think it was seven days, if I'm not mistaken.

23 Q And who did you treat with at that time, sir?

24 A I think it was -- oh, I can't recall the Doctor's
25 name right now.

1 A No.

2 Q Well, didn't you work at the Coast Guard Barracks?

3 A Yes, I did.

4 Q And what was your job there?

5 A Well, I handled food and washed the dishes, swab the
6 floors.

7 MR. BEANE: I see, all right. I have no further
8 questions.

9 REDIRECT EXAMINATION

10 BY MR. SHAFNER:

11 Q How long a period of time did you work there, Mr.
12 Gray?

13 A Six or eight weeks.

14 Q And when did you work there?

15 A During the time I was was, in the evening, after E.B.

16 Q And when did you leave there?

17 A The same time I when I left E.B..

18 Q And why did you leave there?

19 A On account of my health.

20 Q And Mr. Gray, as part of that -- as part of getting
21 that job there, did you have to get an examination?

22 A That's right.

23 Q And who conducted that -- was that a physical
24 examination?

25 A Yes, it was.

1 Q And who gave that physical exam?

2 A I can't recall the doctor's name but -- I had so
3 many doctors, it's hard to --

4 JUDGE GEISEY: Well, Mr. Shafner, we really don't
5 care who the doctor was. Does he know the result?

6 MR. SHAFNER: Yes. It's in the records. Was that
7 Doctor Schmidt?

8 THE WITNESS: Yeah, that's who it was, Doctor
9 Schmidt.

10 BY MR. SHAFNER:

11 Q And is the reason for your leaving that Employer the
12 same reason why you left Electric Boat?

13 MR. BEANE: Objection.

14 MR. SHAFNER: Well, I think it's proper, Your Honor.

15 JUDGE GEISEY: Why did you leave, Mr. Gray?

16 THE WITNESS: The Coast Guard?

17 JUDGE GEISEY: Yes.

18 THE WITNESS: Because they terminated me on account
19 of my health that day, from the physical I had from E.B..

20 JUDGE GEISEY: They terminated you. Did they tell
21 you why they terminated you?

22 THE WITNESS: No, they didn't.

23 JUDGE GEISEY: They didn't tell you?

24 THE WITNESS: No, they didn't.

25 BY MR. SHAFNER:

1 Q Was Doctor Schmidt the one who conducted the
2 physical?

3 A Yes.

4 Q And then did he send you for some studies?

5 A Yes, he did.

6 Q Where?

7 A Uncas on the Thames Hospital...

8 MR. SHAFNER: I would just call Your Honor's attention
9 to the fact that those two medical records are the ones he is
10 referring to.

11 JUDGE GEISEY: Did they have an abnormal diagnosis?

12 MR. SHAFNER: Yes, diagnosis, abnormal x-ray findings.

13 MR. JOHNSON: Which medical records are you referring
14 to?

15 JUDGE GEISEY: I believe it's at --

16 MR. SHAFNER: A(3) and A(4) in the records.

17 BY MR. SHAFNER:

18 Q Now, is Uncas on the Thames a State Hospital?

19 A Yeah, a State Hospital.

20 Q I see. Now while you worked -- by the way, what was
21 the name of your Employer when you were working at the Coast
22 Guard?

23 A Services Enterprise.

24 Q Is that a copy of the W-2 form from that Employer?

25 A Yes, it is a copy.

1 withdraw the last question. And I have no further questions.

2 MR. BEANE: For the record could we have Mr. Ballato's
3 address?

4 THE WITNESS: It's 42 Ramsdell Street, Groton,
5 Connecticut.

6 MR. SHAFNER: I have no further questions.

7 MR. BEANE: I have no questions.

8 JUDGE GEISEY: You are excused, thank you, Mr.
9 Ballato.

10 (The witness was excused.)

11 Do you have anything else?

12 MR. SHAFNER: I have nothing.

13 JUDGE GEISEY: All right, MR. Beane, you have a
14 deposition coming up on the 9th of October, is that correct?

15 MR. BEANE: That's correct.

16 JUDGE GEISEY: You and I have done alot of business
17 on the 9th of October. I know that you will want the benefit
18 of the deposition. I know that Mr. Shafner will want the
19 benefit of the deposition before his briefing. I hate to do
20 this but I think we're going to have to go to the End of
21 October for brief dates. Is that satisfactory, Mr. Shafner?
22 I dislike doing this but it's about all I can see to do.

23 Now, your client is going to be compensated in the
24 meantime, according to Mr. Beane, so we don't have that added
25 hardship at this point. I'm sure that your client feels better

141-2a

66

1 about that situation.

2 MR. SHAFNER: Sure.

3 JUDGE GEISEY: So, we're going to put the brief date
4 on October 31st, which is a Friday. So, if things get real
5 tough you can get away with submitting it on Monday. All
6 right?

7 MR. SHAFNER: Simultaneous briefs?

8 JUDGE GEISEY: Yes, sir.

9 MR. SHAFNER: Am I correct in assuming that you are
10 not interested in whatever comments I might have to do as
11 between apportioning this between the former carrier and the
12 self-insured?

13 JUDGE GEISEY: Well, sir, as I see it you are in the
14 Captain's seat once you have established disability in this
15 case and you've got two, three -- no, two possible Respondents
16 who may respond. Actually, you've got three because you've
17 got the Department of Labor, too. And I would be tickled to
18 death to have you brief it, sir. But I don't see why you
19 should.

20 MR. SHAFNER: Well, I didn't see why either. I
21 didn't wish to unless you wanted it.

22 JUDGE GEISEY: Well, I think Mr. Beane will give you
23 some reason on that score and Mr. Johnson won't be far behind.

24 MR. BEANE: I'd be very happy for an intellectual
25 ability of Mr. Shafner on which to brief.

U.S. D.L. 142

OFFICIAL EXHIBIT

Received

Rejected

Gray

Gray

R2
Gray

Resp's

HOSPITAL VISIT REPORT

GENERAL DYNAMICS
Electric Boat Division

76768

☐ DISCHARGE CARD
☐ QUARTY MASS

LAST NAME: Gray FIRST NAME: Samuel BIRTH: 246 BARGE NO: 32867 ADT: 4 SR: 1 UNIT: 1 HOME ADDRESS: 1

DEPARTMENT: 246 FOREMAN OR SUPERVISOR: 246

☐ INDUSTRIAL ☒ NON-INDUSTRIAL

DISPENSARY VISIT FOR ILLNESS ☒ DISPENSARY VISIT FOR INJURY ☐
ADJUTANT EXAM FOR ILLNESS ☐ ADJUTANT EXAM FOR INJURY ☐

FORM OF SERVICE: 246 HOSPITAL STATUS: 246

EXEMPTION: 246 PHYSICALLY ABLE TO RETURN TO WORK: 246

RESTRICTION WORK: 246 RESTRICTED WORK: 246 DAYS: 246

LAWRENCE: 246 OTHER HOSP: 246 CITY OFFICE: 246

REPORT OF VISIT

DATE: 6-20-72 TIME: 11:00 BY: Re-scentillan

REASON FOR VISIT: Gray 4 246

PHYSICIAN: 246 DATE: 6-13-72

PHYSICIAN: 17.1.11 DATE: 6-21-72

PHYSICIAN: 246 DATE: 6-20-72

PHYSICIAN: 246 DATE: 6-20-72

PHYSICIAN: 246 DATE: 6-20-72

PHYSICIAN: 246 DATE: 6-20-72

PHYSICIAN: 246 DATE: 6-20-72

Docket No. USDL OFFICIAL EXHIBIT NO. R.2

75-464-571-572

R2
Gray

143 a

Disposition

Identified ☒

Received ☒

Rejected ☐

In the matter of Gray

Date 9-17-75 Witness AB

No. Pages 1

EX-1000
REV 9/61

GENERAL DYNAMICS
Electric Boat Division

CHEST SURVEY

Survey No.

32867

Survey Date

9/19/72

NAME Gray, Samuel L.

Check No.

246
32867

IMPRESSION

FINDINGS

Age 39

1 ☐ ANOMALY, RIB OR LUNG

9 ☐ CALCIUM DEPOSIT, LUNGS

2 ☐ ACQUIRED BONE LESION

10 ☐ CALCIUM DEPOSIT, NODES

3 ☒ PLEURAL SCARRING

11 ☐ QUESTION PULMONARY LESION

4 ☐ PLEURAL EFFUSION

12 ☐ PULMONARY LESION

5 ☐ ABNORMAL AORTA

13 ☐

6 ☐ ABNORMAL HEART

14 ☐

7 ☐ ABNORMAL MEDIASTINUM

8 ☐ ABNORMAL DIAPHRAGM

☐ UNSATISFACTORY EXAMINATION

☐ A-NEGATIVE CHEST

☒ B-ABNORMAL CHEST

No further X-Ray examination recommended

☐ C-ABNORMAL CHEST

Additional X-Ray examination recommended as follows:

EXPLANATION OF CHEST SURVEY REPORTS

"Unsatisfactory examination" indicates that for technical reasons, the film is not of diagnostic quality and patient should be returned to the survey unit for repetition of this study at the earliest possible moment.

"Negative Chest" as used in this department means that x-ray examination has revealed no abnormality of any thoracic structure.

When deviations from normal are recognized they will be indicated under "findings".

The examiner's opinion regarding the probable clinical significance of such findings will be indicated under "impression". When checked under "B" a survey roentgenogram shows some abnormality which does not appear to be of immediate clinical significance.

When the examiner checks his impression under "C" he has expressed the opinion that more elaborate roentgenological examination is highly desirable.

CHEST SURVEY

144 a

Docket No. USALOFFICIAL EXHIBIT NO. R-375-LHCA-761762Identification ☒

Disposition

Received ☒Rejected ☐In the matter of GrayDate 8-7-75 WitnessReporter AB

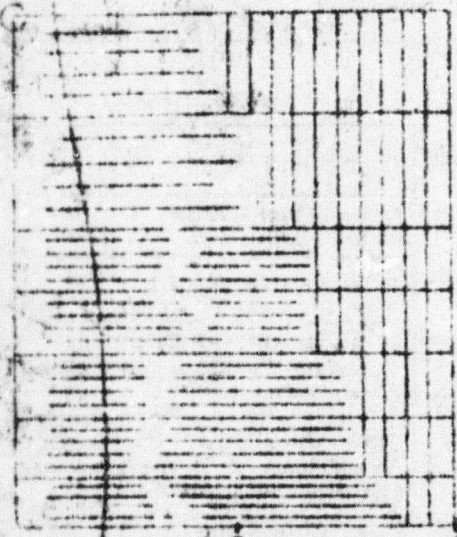
No. Pages

R-3
Gray

PATIENT RECORD FORM FOR EARLY DETECTION OF LUNG DISEASE

Gray, Sammie96-32867DATE 1/7/7373AGE 39WEIGHT
(LB) 203SPIROGRAM
PREPARED BY

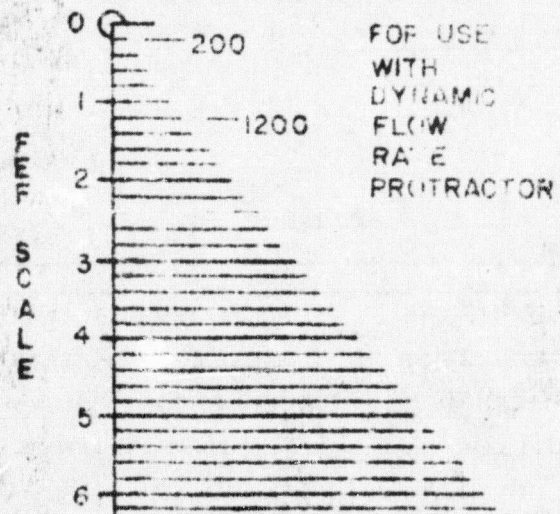
FEV (l/s)



FEV (l/s)

SECONDS

FOR FILE. STAPLE SPIROGRAM HERE

FOR USE
WITH
DYNAMIC
FLOW
RATE
PROTRACTOR

FOLD HERE

PREDICTED DYNAMIC VALUES

OBSERVED DYNAMIC VALUES

IMPORTANT RATIOS

PREDICTED VITAL CAPACITY

521

OBSERVED VITAL CAPACITY

39PREDICTED EXPIRATORY
VOLUME IN ONE SECOND4.3OBSERVED EXPIRATORY
VOLUME IN ONE SECOND3.2FVC (OBS)
FVC (PRE) X 100OBS FEV (10) X 100
FVC

Reg. No.

M **spirostat**PHOTOMETRIC
RECORDING
SPYROSTAT

WILLIAM SCHMIDT, M.D.

Name Tomlin
Address 1000R. H. Searconsiderfull price246-3286

NORMAL

REQUIRES COMPLETE
WORK UP

EVALUATION

DOCKET NO. USDL OFFICIAL EXHIBIT NO. R-4

15 LHA-571-572

Disposition

Received ☒

Rejected ☐

In the matter of Gray

Date 9/14/71

Witness Gray

Reporter AB

No. Pages 1

GENERAL DYNAMICS
Electric Boat Division

145 a

CHEST SURVEY

Survey No. 32867

Survey Date 9-14-71

NAME

Check No. 246 -

32867

IMPRESSION

FINDINGS

age 37

☐ 1 ANOMALY, RIB OR LUNG

☐ 9 CALCIUM DEPOSIT, LUNGS

☐ 2 ACQUIRED BONE LESION

☐ 10 CALCIUM DEPOSIT, NODES

☐ 3 PLEURAL SCARRING

☐ 11 QUESTION PULMONARY LESION

☐ 4 PLEURAL EFFUSION

☐ 12 PULMONARY LESION

☐ 5 ABNORMAL AORTA

☐ 13

☐ 6 ABNORMAL HEART

☐ 14

☐ 7 ABNORMAL MEDIASTINUM

☐ 8 ABNORMAL APHRAGM

☐ UNSATISFACTORY EXAMINATION

☒ A-NEGATIVE CHEST

☐ B-ABNORMAL CHEST

No further X-Ray examination recommended

☐ C-ABNORMAL CHEST

Additional X-Ray examination recommended as follows

EXPLANATION OF CHEST SURVEY REPORTS

"Unsatisfactory examination" indicates that for technical reasons, the film is not of diagnostic quality and patient should be returned to the survey unit for repetition of this study at the earliest possible moment.

"Negative Chest" as used in this department means that x-ray examination has revealed no abnormality of any thoracic structure.

When deviations from normal are recognized they will be indicated under "findings"

The examiner's opinion regarding the probable clinical significance of such findings will be indicated under "impression". When checked under "B" a survey roentgenogram shows some abnormality which does not appear to be of immediate clinical significance.

When the examiner checks his impression under "C" he has expressed the opinion that more elaborate examination is highly desirable.

UNITED STATES DEPARTMENT OF LABOR
BENEFITS REVIEW BOARD

SAMMIE L. GRAY
54 Jefferson Avenue
New London, Connecticut 06320

CLAIMANT

VS.

GENERAL DYNAMICS CORPORATION/
ELECTRIC BOAT DIVISION
Dept. 644, Eastern Point Road
Groton, Connecticut 06340

EMPLOYER

AND

MURPHY AND BEANE
106 State Street
Boston, Massachusetts
c/o Norman Beane, Esq.

ITS ATTORNEYS

AND

INSURANCE COMPANY OF NORTH AMERICA
P. O. Box 598
Hartford, Connecticut 06101

INSURANCE CARRIER

C/O Douglas B. Johnson, Esq.
109 Church Street
New Haven, Connecticut 06510
and

Frank W. Daley, Esq.
205 Church Street
New Haven, Connecticut 06510

ITS ATTORNEYS

DIRECTOR, OFFICE OF WORKERS'
COMPENSATION PROGRAMS
U. S. Department of Labor
Washington, D. C. 20210

PARTY IN INTEREST

CASE NO. 75-LHCA-
571 & 572

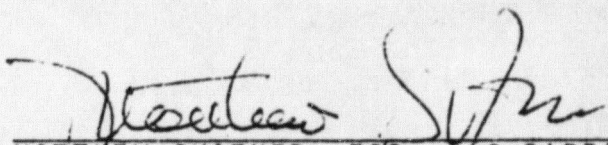
OWCP Nos. 1-13455 &
1-19352

NOTICE OF APPEAL

147 a

The Claimant, SAMMIE L. GRAY, hereby notes an appeal from the Decision of Administrative Law Judge Peter McC. Giesey in the above captioned case, filed in the Office of the Deputy Commissioner for the First Compensation District of the United States Department of Labor, Employment Standards Administration Office of Workers' Compensation Programs on December 30, 1975.

Dated at Groton, Connecticut, this 7 day of January, 1976.


MATTHEW SHAFNER, ESQ., of O'BRIEN,
SHAFNER, GARVEY, BARTINIK & STUART
P. O. Drawer 929
Groton, Connecticut 06340
Attorneys for Claimant, SAMMIE L.
GRAY

CERTIFICATE OF SERVICE

I hereby certify that the foregoing Notices of Appeal of the Claimant were served on the representatives of record of the other parties by certified mail, postage prepaid, On January , 1976.

Norman Beane, Esquire
Murphy and Beane
106 State Street
Boston, Massachusetts 02109

Douglas B. Johnson, Esq.
109 Church Street
New Haven, Connecticut 06510

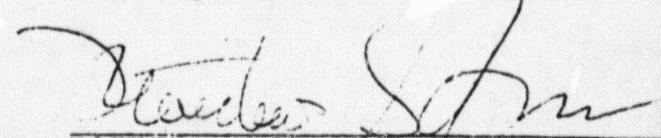
Frank W. Daley, Esq.
205 Church Street
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Joshua T. Gillelan, II, Esq.
U. S. Department of Labor
Suite N-2716 New Dol Building
Washington, D. C. 20210

Office of the Deputy Commissioner
First Compensation District
U. S. Department of Labor
Employment Administration Office of
Workers' Compensation Programs
149 Milk Street
Boston, Massachusetts 02109

Miss Laurie M. Streeter
Associate Solicitor
U. S. Department of Labor
Washington, D. C. 20210

Director, Office of Workers' Compensa-
tion Programs
U. S. Department of Labor
Washington, D. C. 20210


MATTHEW SHAFNER, ESQ.

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UNITED STATES DEPARTMENT OF LABOR
BENEFITS REVIEW BOARD

SAMMIE L. GRAY
54 Jefferson Avenue
New London, Connecticut 06320

CLAIMANT

CASE NO. 75-LHCA 571 &
572

VS.

OWCP NOS. 1-13455 &
1-19352

GENERAL DYNAMICS CORPORATION
ELECTRIC BOAT DIVISION
Eastern Point Road
Groton, Connecticut 06340

EMPLOYER/SELF INSURER/PETITIONER

VS.

INSURANCE COMPANY OF NORTH AMERICA
P. O. Box 598
Hartford, Connecticut 06101

INSURER

NOTICE OF APPEAL

The employer/self insurer hereby appeals to the Benefits Review Board from the Decision of Administration Law Judge Peter McC. Giesey in the above captioned case, filed in the Office of the Deputy Commissioner for the First Compensation District of the United States Department of Labor, Employment Standards Administration, Office of Workmen's Compensation Programs on December 30, 1975.

Dated at Boston, Massachusetts, this 13 day of January, 1976.


Norman P. Beane, Jr.
Murphy & Beane, Attorney for
Employer/Self Insurer, General
Dynamics Corporation, Electric
Boat Division.

CERTIFICATE OF SERVICE

I hereby certify that the foregoing Notice of Appeal was served on the parties of record, certified mail, postage prepaid on January 1, 1976.

Matthew Shafner, Esquire
O'Brien, Shafner, Garvey, Bartinik & Stuart
P. O. Drawer 929
Groton, Connecticut 06340

Douglas B. Johnson, Esquire
109 Church Street
New Haven, Connecticut 06510

Office of Deputy Commissioner
First Compensation District
U. S. Department of Labor
Employment Administration
Office of Workmen's Compensation Programs
147 Milk Street
Boston, Massachusetts

Norman P. Beane, Jr.

150 a

UNITED STATES DEPARTMENT OF LABOR
BENEFITS REVIEW BOARD

SAMMIE L. GRAY,
Claimant

VS.

CASE NO. 75 LHCA 571 & 572

GENERAL DYNAMICS,
Self-Insured Employer

AND

OWCP No. 1-13455
1-10352

INSURANCE COMPANY OF NORTH AMERICA
Insurance Carrier

PETITION FOR REVIEW AND BRIEF

PETITION FOR REVIEW

I. SPECIFIC CONTENTIONS OF THE PETITIONER

1. The Claimants total disability is permanent.
2. The Claimants average weekly wage was \$240.80.

152 a

◇ SUMMARY

The disability of the claimant is not only total as found by the Administrative Law Judge but permanent as well and should be so held.

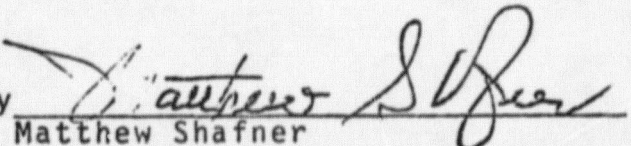
The average weekly wages of the claimant should be completed in accordance with Section 10 and found to be \$240.80 as of September 27, 1973.

An application for fees for necessary services rendered to the claimant on this appeal is attached hereto pursuant to 20 C.F.R. 702.132 and 802.203.

Respectfully submitted,

THE CLAIMANT

By



Matthew Shafner
P. O. Drawer 929
Groton, Connecticut 06340
His Attorney

UNITED STATES DEPARTMENT OF LABOR
BENEFIT REVIEW BOARDSAMIE L. GRAY,
Claimant

VS.

Case No: 75-LHCA-571 & 572
BRB No: 76-105AGENERAL DYNAMICS CORPORATION/
ELECTRIC BOAT DIVISION,
Employer/Self-Insurer

VS.

INSURANCE COMPANY OF NORTH AMERICA,
InsurerPETITION FOR REVIEW

The employer/self-insurer, pursuant to Section 921, Subsection b (3) of Title 33 U.S.C.A., appeals the determination of the Administrative Law Judge in the above captioned matter on the basis that substantial questions of law and fact are raised by the decision therein and said questions are more specifically enumerated as follows:

1. The record, considered as a whole, does not support the conclusion that the self-insurer, General Dynamics Corporation, is responsible for the award.
2. The record, considered as a whole, does not support the conclusion that there was no disease and disability prior to September 27, 1973.

5. The method used by the Court to calculate the average weekly wage is incorrect in that it considers overtime in its computation.

By its Attorney:

Norman F. Beane, Jr., Attorney
for General Dynamics Corporation,
Employer/Self-Insurer.

CERTIFICATE OF SERVICE

I hereby certify that the foregoing Petition For Review was served on the parties of record, certified mail, postage prepaid on
March , 1976.

Matthew Shafner, Esquire
O'Brien, Shafner, Garvey, Bartnik & Stuart
Bridge Street At Route One.
Drawer 929
Groton, Connecticut 06340

Douglas B. Johnson, Esquire
109 Church Street
New Haven, Connecticut 06510

Frank W. Daley, Esquire
205 Church Street
New Haven, Connecticut 06510

Mr. John J. Greeney
U. S. Department of Labor/ESA/OWCP
J. F. Kennedy Building, Government
Center, Room 1800
Boston, Mass. 02205

Miss Laurie M. Streeter
Associate Solicitor
U. S. Department of Labor
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